THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-7892

September 18, 2003

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

NOTICE OF COOPERATIVE AGREEMENT NO. US7/CCU922877-01 FOR CHILDHOOD LEAD POISONING PREVENTION PROGRAM SERVICES
(All Districts) (4 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services (Director), or his designee, to accept Notice of Cooperative Agreement (NCA) No. US7/CCU922877-01, Exhibit I, from the Federal Centers for Disease Control and Prevention (CDC), in the amount of $716,301, to reimburse the Department of Health Services (Department) for childhood lead poisoning prevention program (CLPPP) services provided during Fiscal Year (FY) 2003-04, year one of a three year project.

2. Delegate authority to the Director, or his designee, to accept subsequent NCAs, substantially similar to NCA No. US7/CCU922877-01, for the remaining two project years, FYs 2004-05 and 2005-06, which do not exceed 25% of the base awards for each project year, subject to review and approval by County Counsel and notification of the Board offices.

3. Delegate authority to the Director, or his designee, to accept amendments to NCAs from the CDC, for the current and remaining two project years, FYs 2004-05 and 2005-06, which do not exceed 25% of the base award for each FY, subject to review and approval by County Counsel and notification of the Board offices.

4. Authorize the Department of Health Services to fill one (1) position for a Senior Health Educator, in excess of that which is provided for in the Department's staffing ordinance pursuant to Section 6.06.020 of the County Code, pending allocation by the Department of Human Resources. This position is in accordance with the CLPPP budget to implement program activities.

5. Approve the attached appropriation adjustment in the amount of $98,000 for project expenditures in FY 2003-04.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

The Department is requesting delegated authority to accept subsequent NCAs, for FY 2004-05 and 2005-06, which do not exceed 25% of the previous FY award. The Department is also requesting delegated authority to accept any amendments to the current and subsequent FYs, which do not exceed 25% of the base award for each FY. Both of these requests will allow greater flexibility to accept future NCA awards and amendments, and ensure the timely delivery of services by the Department's CLPPP.

NCA No. US7/CCU922877-01 will provide for a media campaign, primary prevention activities targeting pregnant women and families with children at high risk for lead poisoning, development of a strategic plan to eliminate childhood lead poisoning by 2010, and a pilot project with the Los Angeles City Systematic Code Enforcement Program to mitigate lead hazards.

FISCAL IMPACT/FINANCING:

Total project cost for FY 2003-04 is $716,301, which is 100% offset with CDC funds. There are no net County costs associated with this action.

An appropriation adjustment in the amount of $98,000 is necessary to cover unbudgeted CLPPP's expenditures for FY 2003-04. Funding will be requested in subsequent FYs if appropriate.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On October 9, 2001, the Board of Supervisors approved an NCA with the CDC for the provision of CLPPP services. NCA No. US7/CCU922877-01 is a new grant award, for year one of a three year project, that provides for the continued support of the Department's CLPPP services and targets the elimination of childhood lead poisoning by 2010. Funding for the remaining two project years is expected, based on the success of program activities and the availability of CDC funds.

On March 21, 2003, the Department's CLPPP submitted a grant application to the CDC for a Childhood Lead Poisoning Prevention Grant (Exhibit II) and on June 26, 2003, the Department was notified that it would receive the grant award.

The recommended NCA will allow the Department's CLPPP to add one (1) additional funded position and enable the CLPPP to meet service requirements established by the CDC.

NCA No. US7/CCU922877-01 does not impact the DHS System Redesign, since all the funds come from the CDC.

County Counsel has reviewed and approved NCA No. US7/CCU922877-01, Exhibit I, as to use.

Attachment A provides additional information.

Attachment B is the Grant Management Statement required by the Board for all grant awards exceeding $100,000.

CONTRACT PROCESS:

Since NCA US7/CCU922877-01 provides for the allocation of Federal monies directly to the County, advertisement on the Los Angeles County Online Web Site as a contracting opportunity for the CLPPP services is not appropriate.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommended actions will enable the Department to continue providing CLPPP services to high risk children within Los Angeles County through June 30, 2004.

When approved, this Department requires four signed copies of the Board's action.

Respectfully submitted,

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:lvb

Attachments (5)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BLTCD2989.LVB

ATTACHMENT A

SUMMARY OF COOPERATIVE AGREEMENT
(Federal Centers for Disease Control and Prevention)

1. **TYPE OF SERVICE**:

NCA No. US7/CCU922877-01 provides for a variety of services to benefit the County, including a media campaign, primary prevention activities targeting pregnant women and families with children at high risk for lead poisoning, development of a strategic plan to eliminate childhood lead poisoning by 2010, and a pilot project with the Los Angeles City Systematic Code Enforcement Program to mitigate lead hazards.

2. **AGENCY ADDRESSES AND CONTACT PERSONS**:

Business and Grants Policy Contact
Vivian Walker, Contract Specialist or
Sharon P. Orum, Grants Management Specialist
Acquisition & Assistance Branch B, Section III
Procurement & Grants Office
2920 Brandywine Road, Room 3000
Atlanta, Georgia 30341-4146
Telephone: 770-488-2724/2716 FAX: 770-488-2777
Internet Address: Vwalker@cdc.gov or SOrum@cdc.gov

Programmatic Contact
Tim Morta, Public Health Advisor
Division of Emergency & Environmental Health
Lead Poisoning Prevention Branch
National Center for Environmental Health
1600 Clifton Road, Mailstop F-30
Atlanta, Georgia 30333
Telephone: 770-488-3628 FAX: 770-488-3635
Internet Address: TMorta@cdc.gov

3. **TERM**:

Project Period:	July 1, 2003 - June 30, 2006
Budget Term:	July 1, 2003 - June 30, 2004

4. **FINANCIAL INFORMATION**:

	FY 2003-04
Total Program Costs	$716,301
Less: CDC Allocation	$716,301
Net County Cost	$ - 0 -

5. **GEOGRAPHIC AREA TO BE SERVED**:

All Districts.

6. **ACCOUNTABLE FOR MONITORING AND EVALUATION**:

Arturo Aguirre, Director of Environmental Health

7. **APPROVALS**:

Public Health:	John F. Schunhoff, PhD., Chief of Operations
Contracts and Grants Division:	Riley Austin, Acting Chief
County Counsel (as to form):	Christina Salseda, Deputy County Counsel

ATTACHMENT B

Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding $100,000

Department:	**Health Services, Public Health**

Grant Project Title and Description
Childhood Lead Poisoning Prevention Program

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
Federal CDC	**NCA No. US7/CCU922877-01**	**ASAP**

Total Amount of Grant Funding:	**$716,301**			County Match Requirements	**N/A**
Grant Period:	**FY 03-04**	Begin Date:	**July 1, 2003**	End Date:	**June 30, 2004**
Number of Personnel Hired Under this Grant:	**7**	Full Time	**7**	Part Time	

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	**X**	No	
Will all personnel hired for this program be placed on temporary ("N") items?	Yes	**X**	No	
Is the County obligated to continue this program after the grant expires?	Yes		No	**X**
If the County is not obligated to continue this program after the grant expires, the Department will:				
a). Absorb the program cost without reducing other services	Yes		No	**X**
b). Identify other revenue sources	Yes		No	**X**
(Describe)				
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	**X**	No	

Impact of additional personnel on existing space:

N/A

Other requirements not mentioned above

N/A

Department Head Signature _____ Date 9/14/03

7ER 352M 11/83

BOARD OF SUPERVISORS OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. No.

DEPARTMENT OF Health Services

September 8, ~~XX~~ 2003

AUDITOR-CONTROLLER,
THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

4-VOTE

SOURCES:		USES:	
Public Health Services Federal - Other A01-HS-23450-9001	$98,000	Public Services Services Salaries and Employee Benefits A01-HS-23450-1000	$62,000
		Services and Supplies A01-HS-23450-2000	~~36,000~~ 36,000
Total:	$98,000	Total:	$98,000

Justification:
This adjustment is necessary to recognize additional funding from the Centers for Disease Control and Prevention, per notice of Cooperative Agreements No. US7/CCU922877-01, for continuing Childhood Lead Poisoning Prevention Program Services for the period of July 1, 2003 through June 30, 2004. There is no impact on County operating subsidy.

EM:lt
9/8/03

Efrain Munoz, Chief
DHS-Controller's Division

CHIEF ADMINISTRATIVE OFFICER'S REPORT

REFERRED TO THE CHIEF ADMINISTRATIVE OFFICER FOR ACTION

RECOMMENDATION ✓

AUDITOR-CONTROLLER BY Conrad SEPT. 16 2003

No. 38

APPROVED AS REQUESTED ✓

23 September 2003

~~DAVID E. JANSSEN~~ CHIEF ADMINISTRATIVE OFFICER

APPROVED (AS REVISED): BOARD OF SUPERVISORS 19

BY DEPUTY COUNTY CLERK

SEND 8 COPIES TO THE AUDITOR-CONTROLLER

EXHIBIT I

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

JUN 2 6 2003

Barbara Hairston,
LA County Department of Health & Services
510 S. Vermont Ave.
Los Angeles, CA 90020

Reference: Cooperative Agreement Number US7/CCU922877-01 , Childhood Lead Poisoning Prevention Program

Dear Ms. Hairston:

Enclosed is your Notice of Award which awards funds for Year 01 of the project period. Please read the attached terms and conditions as noted on the continuation sheets with which you must comply as conditions to drawing Federal funds under this award.

The Project Officer listed on the continuation sheets is responsible for the programmatic monitoring of your program. The Contract/Grants Management Specialist, also listed, is responsible for the business and financial management of your award. **PLEASE NOTE: An original and two copies of all official correspondence, including all reports, must reference the above award number, signed by an official of your business office and the program director/principal investigator, and should be addressed to the Grants Management Officer, Attention: Vivian Walker.**

Should you have any questions, please feel free to contact Sharron P. Orum, Grants Management Specialist, at telephone number (770) 488-2716 or e-mail address spo2@cdc.gov.

Sincerely,

Mildred S. Garner
Grants Management Officer
Acquisition & Assistance Branch B
Procurement & Grants Office

Enclosures: (3)
1. Award Notice with Continuation Sheets
2. Guidance Letter 202 - Non-Competing Continuations
3. Guidance Letter 302 - Carryover of Unobligated Funds

cc: Business Office
CDC Project Officer

06/26/2003 | 93.197

SUPERSEDES AWARD NOTICE DATED

PT THAT ANY ADDITIONS OR RESTRICTIONS _____

IOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

301(A), 317A & B, AS AMEND, 42 CFR 51B

GRANT NO.	5. ADMINISTRATIVE CODES
US7/CCU922877-01	CCUS7
PROJECT PERIOD 07/01/2003 M	THROUGH 06/30/2006
BUDGET PERIOD 07/01/2003 M	THROUGH 06/30/2004

TITLE OF PROJECT (OR PROGRAM)

CHILDHOOD LEAD POISONING PREVENTION PROGRAMS (CLPPP)

GRANTEE NAME AND ADDRESS

LA COUNTY DEPARTMENT OF HEALTH & SVCS
LA COUNTY DEPARTMENT OF HEALTH & SVCS
5050 COMMERCE DR
BALDWIN PARK, CA 91706-1423

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

BARBARA HAIRSTON, REHS., MS
LA COUNTY DEPARTMENT OF HEALTH & SVCS
5555 FERGUSON DR., RM210-02, COMM. 9002
LOS ANGELES, CA 90020

APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

PHS GRANT FUNDS ONLY
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION

(PLACE NUMERAL ON LINE) I

SALARIES AND WAGES	364,504
FRINGE BENEFITS	130,125
TOTAL PERSONNEL COSTS	494,629
CONSULTANT COSTS	50,000
EQUIPMENT	6,696
SUPPLIES	2,500
TRAVEL	11,833
PATIENT CARE-INPATIENT	0
PATIENT CARE-OUTPATIENT	0
ALTERATIONS AND RENOVATIONS	0
OTHER	45,525
CONSORTIUM/CONTRACTUAL COSTS	40,000
TRAINEE RELATED EXPENSES	0
TRAINEE STIPENDS	0
TRAINEE TUITION AND FEES	0
TRAINEE TRAVEL	0
TOTAL DIRECT COSTS	651,183
INDIRECT COSTS (10.00 % OF S&W/TADC)	65,118
TOTAL APPROVED BUDGET	716,301
SBIR FEE	0
FEDERAL SHARE	716,301
NON-FEDERAL SHARE	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U)	716,301
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD	0
D. AMOUNT OF FINANCIAL ASSIST.THIS ACTION	716,301

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 2	651,183	D. 0	0
B. 3	651,183	E. 0	0
C. 0	0	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74,SUBPART F,OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION
B. ADDITIONAL COSTS
C. MATCHING [B]
D. OTHER RESEARCH(ADD/DEDUCT OPTION)
E. OTHER (SEE REMARKS)

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
A.THE GRANT PROGRAM LEGISLATION CITED ABOVE. B.THE GRANT PROGRAM REGULATION CITED ABOVE. C.THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS,IF ANY,NOTED BELOW UNDER REMARKS. D.PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E.45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

MARKS (OTHER TERMS AND CONDITIONS ATTACHED - X YES ___ NO)

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

S GRANTS MANAGEMENT OFFICER: (SIGNATURE) (NAME-TYPED/PRINT) (TITLE)

Mildred S Garner MILDRED S. GARNER GRANTS MANAGEMENT OFFICER

. OBJ. CLASS. 41.51 | 18. CRS.EIN: 1-956000927-A1 | 19. LIST NO.: C0-012-G03

FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT.ACTION FIN.ASST	AMT.ACTION DIR.ASST
A 03-11343 03-9211955	B. CCU922877	C. CCUS7	D. 716,301	E. 0
A	B.	C.	D.	E.
A	B.	C.	D.	E.

-5152-1 (REV.7/92) (MODIFIED CDC VERSION 10/92)

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 06/26/2003
GRANT NO.....: US7/CCU922877-01
APPROVAL LIST NO: C0-012-G03

DIRECT ASSISTANCE BUDGET:
==========

PERSONAL SERVICE:	0
TRAVEL.....:	0
VACCINE.....:	0
OTHER SERVICE...:	0

TERMS AND CONDITIONS OF THIS AWARD

1. Program Announcement Number 03007, [the attachment containing the ARs], and the application dated March 26, 2003, as discussed among Dr. Kenneth Fife, Rebecca Payne and Dennis Thortonbery; and Sharron Orum and Rob Henry, Centers for Disease Control and Prevention, on May 15, 2003, and the revised budget and justification dated May 27, 2003, are made a part of this award by reference.

2. **INDIRECT COSTS:**
In accordance with Program Announcement 03007, not more than 10 percent (exclusive of direct assistance) of any cooperative agreement or contract (sub-grantee or consultant) funded through the cooperative agreement may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

3. **DISAPPROVED COSTS:** NA

4. **REPORTING REQUIREMENTS:**
a. **An interim progress narrative report/non-competing continuation application** is required to be submitted to the Grants Management Officer, no later than February 28, 2004. The report must contain the following: (1) Progress on current budget period objectives and activities to include explanation on unmet objectives; (2) Interim Financial Status Report (SF 269). The FSR would reflect projected unobligated balance as of June 30, 2004; (3) New budget period proposed program objectives and activities; and (4) Detailed line-item budget and justification for next budget period, July 1, 2004 through June 30, 2005.

b. **Quarterly Data Progress Reports** are required to be submitted to the Grants Management Officer 30 days after the end of each quarter. The due dates are as follows: November 1, 2003; February 1, 2004; May 1, 2004, August 1, 2004.

c. **An Annual Financial Status Report (FSR) (SF 269) (Long Form)** for the budget period is required to be submitted to the Grants Management Officer 90 days after the end of the budget period. The due date is September 30, 2004. (NOTE: The FSR is prepared on a budget year and NOT on a cumulative basis. FSR may be downloaded from the following website: http://www.whitehouse.gov/omb/grants/grants_forms.html

d. **Calendar-Year Surveillance Data Report** is required to be submitted to the Lead Poisoning Prevention Branch (LPPB) no later than April 30, 2004. (A written surveillance summary must be disseminated to the state and local public health officials, policy makers, the CDC project officer, and others as needed.) More information on submission of calendar year surveillance data is available on the web at:
http://www.cdc.gov/nceh/lead/surv/database/database.htm and
ftp://ftp.cdc.gov/pub/environmental_surveillance/Lead/survspec.doc

e. **Audit Requirement:** You must comply with the audit requirements of OMB Circular A-133, revised June 24, 1997 which rescinded OMB Circular A-128 "Audits of State and Local Governments." Please send a courtesy copy of completed audits and any management letters on a voluntary basis to the following:

Centers for Disease Control and Prevention (CDC)
Attention: Head, Acquisition Assistance Oversight and Evaluation
2920 Brandywine Road, NE
Atlanta, Georgia 30341

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of OMB A-133 (total Federal grant or cooperative agreement funds received exceed $300,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of your own records. If a subrecipient is not required to have an OMB A-133 audit, you are still required by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **YOU SHOULD INCLUDE THESE REQUIREMENTS IN SUBRECIPIENT CONTRACTS.**

All reports must be submitted within the specified time frame and location. Delinquent reporting may impact future funding.

5. **CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page. An original and two copies of ALL requests, official correspondence and formal reports must be addressed to the Grants Management Officer, Attn: Vivian Walker, Contract Specialist. All correspondence must include the Notice of Award number.

6. **PRIOR APPROVAL:** All requests that require the prior approval of the Grants Management Officer as noted in 45 CFR 92 must bear the signature of an authorized official of the grantee business office as well as that of the principal investigator or program director as shown on the Notice of Award. Any prior approval request received without two signatures will be returned.

The grantee may not approve any action or cost which is inconsistent with the purpose or terms and conditions of this award.

7. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the "standard patent rights" clauses in 37 CFR 401.14.

8. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number _____ from

Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

9. **PURCHASING AMERICAN-MADE EQUIPMENT AND PRODUCTS**: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.

10. **ACKNOWLEDGMENT OF FEDERAL SUPPORT**: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

11. **FRAUD, WASTE, OR ABUSE HOTLINE**: The United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.

12. **PAYMENT INFORMATION**

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed Under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, P.O. Box 6021 Rockville, MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite 700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Do not request any funds for contingencies or the maintenance of a "Float" or "Cushion" position (excess cash). Requests for advances must be based on estimated Federal cash outlays (disbursements).

Do not request "advance" funds for any period that has ENDED. This is not considered an advance and requests must be made for "ACTUAL EXPENSES" incurred, which must be itemized in the "disbursement plan."

13. **CDC CONTACT NAMES:**

Business and Grants Policy Contact
Vivian Walker, Contract Specialist or Sharron P. Orum, Grants Management Specialist
Acquisition & Assistance Branch B, Section III
Procurement & Grants Office (PGO)
2920 Brandywine Road, Room 3000
Atlanta, Georgia 30341-4146
Telephone: 770-488-2724/2716 FAX: 770-488-2777
Internet Address: VWalker@cdc.gov or SOrum@cdc.gov

Programmatic Contact
Tim Morta, Public Health Advisor
Division of Emergency & Environmental Health Services (EEHS)
Lead Poisoning Prevention Branch (LPPB)
National Center for Environmental Health (NCEH)
1600 Clifton Road, Mailstop F-30
Atlanta, Georgia 30333
Telephone: 770-488-3628 FAX: 770-488-3635
Internet Address: TMorta@cdc.gov

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

Sandra R. Manning, CGFM
Director
Procurement and Grants Office

April 10, 2002

Dear Grantee,

Subject: Guidance Letter Number 202- Carryover of Unobligated Funds from One Budget Period to Another

In April 2001 you were notified that the Centers for Disease Control and Prevention (CDC) would be implementing a change to grants policy regarding the time allowed to utilize unobligated funds. The revised policy authorizes the carryover of unobligated funds only from the immediate prior budget period into the current budget period. A copy of the original letter is attached for your reference. Since issuing the initial letter we have received requests to clarify certain aspects of the new policy. A discussion of the issues follows:

Effective Date

This new policy is effective October 1, 2002. To ensure timely processing we encourage grantees to submit requests to carryover unobligated funds from budget periods other than the immediate prior budget period as soon as possible. The Grants Management Officer (GMO) must receive all requests no later than September 1, 2002. After October 1, 2002, any remaining unobligated funds other than the immediate prior budget period will be unavailable for use and will be returned to the United States Treasury at the end of the project period. This new policy applies to all grants and cooperative agreements, including grants covered by Expanded Authority, as well as direct assistance (DA) funds. Aspects of Expanded Authority and DA funds are not addressed in this letter. Please contact your Grants Management Specialist if you have specific questions about these areas.

Processing of Requests to Carryover Unobligated Funds

Requests to carryover unobligated funds require prior approval from the GMO. All requests to carryover unobligated funds should include at a minimum: (1) a justification of the need and proposed use of funds, (2) how the funds will enhance current activities, (3) a detailed line-item budget, and (4) a timeline/period of performance for proposed activities. Prior approval requests must bear the signature of an authorized official of the grantee business office as well as that of the project director. Once received, prior approval requests are simultaneously reviewed by both the grants office and program office. Once a decision is made the grantee will be notified in writing by the GMO.

Please remember that all approved carryover actions require that an amendment be issued to your notice of grant/cooperative agreement award. We recognize the need to process these requests as quickly as possible and will continue to work with the various program offices to expedite this process.

Submission of Financial Status Report (FSR)

An annual report of expenditures is required as documentation of the financial status of grants/cooperative agreements. The FSR must be submitted no later than 90 days after the close of each budget period. This 90-day period should allow sufficient time for grantees to file accurate reports. When necessary, a revised FSR representing an increase or decrease in expenditures that were not reported to CDC within the 90 days provided may be submitted to the GMO with an explanation. This should be done as promptly as possible but no later than 1 year from the due date of the original report, i.e., 15 months following the end of the budget period. It should be noted that additional unobligated funds reported on a revised FSR are still subject to the new carryover policies stated above, i.e., carryover funds may be carried over from the immediate prior budget period to the current budget period.

Supplemental Funds Awarded Late in the Budget Period

On occasion, CDC awards supplemental funds late in a grantee's budget period. We recognize that the late award of these funds may not give grantees adequate time to obligate the funds by the end of the budget period. To ensure that the approved supplemental activities can continue into the next budget period without disruption, grantees may submit a prior approval request to carryover any unspent supplemental funds into the next budget period without having to wait for the FSR which is not due for 90 days. The grantee's request for carryover should include a statement certifying that unobligated funds of at least the amount requested in this action will be reported as unobligated on the FSR. As with all prior approval requests, the letter must bear the signature of an authorized official of the grantee business office as well as that of the project director. Please note that if sufficient unobligated funds to cover any approved carryover requests are not reported on the FSR, immediate action will be taken to reduce the award by the deficit amount. If this should occur we will contact the grantee to discuss how best to reduce the award.

How to Handle Unliquidated Obligations

Grantees often enter into contractual agreements prior to the end of the budget period that would not be liquidated by the end of the 90-day timeframe for filing the FSR. In this instance, grantees should file the FSR as required showing the unliquidated amount along with an explanation. The explanation of unliquidated obligations should include: (1) date of the obligation, (2) vendor's name, (3) total amount of obligation, (4) amount remaining unliquidated as of the date of the FSR, and (5) expected date obligation will be fully liquidated. Once the unliquidated obligations are fully liquidated a final FSR for the budget period must be submitted. Grantees should plan carefully to ensure that all

financial transactions are completed in a timely manner and within procedures described above in the Submission of FSR section. Grantees are reminded that the term "obligations" means the amount of orders placed, contracts and subgrants awarded, goods and services received, and similar transactions during a given period that will require payment by the grantee during the same or a future period. Additional information and definitions can be found in 45 CFR Part 92 (State and Local Governments) and 45 CFR Part 74 (Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations).

Please feel free to contact your Grants Management Specialist or Grants Management Officer if you have questions.

Sincerely,

Sandra R. Manning

Sandra R. Manning, CGFM
Director
Procurement and Grants Office

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

APR 16 2001

Reference: Carryover of Unobligated Balances

Dear Grantee:

Effective October 1, 2002, the Centers for Disease Control and Prevention (CDC) will implement the Department of Health and Human Services (DHHS) change to grants policy regarding the time period allowed to utilize unobligated balances. This revised policy applies to all grants and cooperative agreements, including grants covered by Expanded Authority - which authorizes waivers for certain research grant recipient actions that otherwise require CDC prior approval. It authorizes the carryover of unobligated balances only from the immediate prior budget period into the current budget period. For example, if you are in budget period 05, you may only request to carry over unobligated funds from budget period 04. Unobligated funds from budget periods 01, 02 or 03 into budget period 05 will no longer be available.

Prior to October 1, 2002, any requests for carryover of unobligated funds from prior budget periods to the current or next budget periods may be submitted and will be considered based upon a written justification and a detailed budget. All unobligated balances not used after the applicable time limit has lapsed will be returned to the United States Treasury. Any unforeseen delays that result in unobligated balances remaining outside the applicable time limit will only be considered for carryover on a case-by-case basis in accordance with DHHS policy on waivers and deviations.

It is now more vital than before for Financial Status Reports (FSRs) to be accurate and submitted on time. For example, if your budget period is from January 1, 2001 to December 31, 2001, Title 45 of the Code of Federal Regulations, Parts 74 and 92, requires the final annual FSR to be submitted no later than 90 days after the budget period. Therefore, March 31, 2002 is the due date for the final FSR.

If you have any questions please do not hesitate to call your Grants Management Officer.

Sincerely yours,

Henry J. Cassell III

Henry S. Cassell, III
Chief, Grants Management Branch
Procurement and Grants Office

cc: Business Official
Principal Investigators/Program Directors

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

Sandra R. Manning, CGFM
Director
Procurement and Grants Office

August 27, 2002

Dear Grantee,

Subject: Guidance Letter Number 302- Non-Competing Continuation Process

During a project period in which all grant or cooperative agreement recipients receive multi-year Federal assistance, Non-Competing Continuation Awards are made based on availability of funds and evidence of satisfactory performance. In the past, awards were made in response to annual continuation applications submitted by grantees. The application for this type of continuation award included multiple forms, an interim progress report, and other documents. In order to simplify the process and reduce the amount of documentation that a grantee must submit, the Interim Progress Report will now serve as the grantee's non-competing continuation application. This report will enable the Centers for Disease Control and Prevention (CDC) to make decisions about continued funding. A discussion of the process follows:

Effective Date

This new policy is effective August 30, 2002.
This policy does not apply to research grantees at this time.

Non-Competing Continuation Requirements Letter

The Procurement and Grants Office (PGO) and program officials will jointly determine the contents of the Non-Competing Continuation Requirements Letter. PGO will send this letter to you no less than 45 days before the established due date for your Interim Progress Report. The letter will contain the following items:

- Anticipated amount of the continuation award.
- Request for a detailed line item budget in the amount of the continuation award.
- Guidance concerning additional information needed to support proposed subcontracts.
- Program guidance for the upcoming budget period-including any changes in programmatic priorities (within the existing scope of the grant/cooperative agreement).
- Request for any additional necessary documentation (i.e. updated assurances, IRB approvals, rate agreements).
- Notification that the progress report is due no less than 90 days before the end of the budget period.
- Notification that a late or incomplete report may cause a delay or reduction of the award.

Contents of the Interim Progress Report

In this report, list (in detail) the programmatic and financial activities conducted during the current budget period, as well as proposed activities and objectives for the upcoming budget period. The Principal Investigator and Business Office Official must sign the Interim Progress Report. Include the following items in the report:

1. **Current Budget Period Activities Objectives**: For each objective, provide a brief report that reflects current status, any barriers encountered, and how the barriers were addressed. If applicable, include the reasons that goals were not met, and a discussion of any assistance needed to resolve the situation. Use the following format:
   - Objective
   - Status (Met, Ongoing, or Unmet)
   - Discussion

2. **Current Budget Period Financial Progress**: Provide an estimate of the overall obligations for the current budget period.

   - Based on the current rate of obligation, if you anticipate **unobligated funds** at the end of the current budget period, provide detailed actions to be taken to obligate that amount. If these funds will not be obligated, and they are still required to support the program, request that they be carried over to the new budget period.

   - If you anticipate **insufficient funds**; provide detailed justification of the shortfall, list the actions to be taken to bring the obligations in line with the authorized funding level, or request supplemental funds.

3. **New Budget Period Program Proposed Activity Objectives**: List proposed objectives for the upcoming budget period. These objectives must support the intent of the original program announcement. (If CDC programmatic priorities have changed, you will receive a letter containing guidance on the new priorities.) Each objective must contain a performance or outcome measure that assesses the effectiveness of the project. For each objective, list activities that will be implemented. Provide a timeline for accomplishment. Identify and justify any redirection of activities. Explain the methods you will use to implement the new, redirected activities.

4. **Detailed Line-Item Budget and Justification**: Provide a detailed, line-item budget (utilize form 424A) and justification of the funding amount requested to support program activity for the upcoming budget period.

5. **Additional Requested Information**: Submit any additional information that may be requested in the Non-Competing Continuation Requirements Letter. (i.e. updated assurances, IRB approvals, rate agreements)

Submission and Deadline for Interim Progress Report

CDC must receive the Interim Progress Report no later than 90 days prior to the end of the current budget period. Submit the original report and two copies to your Grants Management Specialist.

Late or Incomplete Interim Progress Reports

You must submit your report on time, as late or incomplete applications may result in an enforcement action such as a delay in the award and/or a reduction in funds. CDC will only accept requests for a deadline extension on rare occasions, after you have provided adequate justification.

Processing of the Interim Progress Report

PGO and Program will review the interim progress report for completeness. PGO will provide an analysis of the financial/business documentation, and program will provide an analysis of the technical/programmatic documentation. Based on the analysis of all documentation, the availability of funds, and the best interest of the government, PGO and program will decide jointly whether to award the continuation. CDC may withhold an award due to delinquent reports, failure to show satisfactory progress, inadequate stewardship of Federal funds, or failure to meet the terms and conditions of the award. PGO and program officials will sign a memo documenting the analysis and recommendation. This memo will be part of the official grant file.

Other Documents Required to Support the Non-Competing Continuation Process

Annual Financial Status and Progress Reports are due 90 days after the end of the budget period. Final Financial Status and Progress Reports are due 90 days after the end of the project period.

Please feel free to contact your Grants Management Specialist or Grants Management Officer if you have questions.

Sincerely,

Sandra R. Manning

Sandra R. Manning, CGFM
Director
Procurement and Grants Office

cc: James D. Seligman
Associate Directors for Management and Operations
CIO Project Officers
PGO Staff

CENTERS FOR DISEASE CONTROL AND PREVENTION
CHILDHOOD LEAD POISONING PREVENTION PROGRAM

GRANT APPLICATION

CONTACT PERSON: BARBARA HAIRSTON, PROGRAM MANAGER

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

ENVIRONMENTAL HEALTH HEADQUARTERS
5050 Commerce Dr.
Baldwin Park, CA 91706-1423

Telephone: (626) 430-5001
Fax: (213) 738-6421

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

JONATHAN E. FIELDING, M.D., M.P.H.
Director of Public Health and Health Officer

Environmental Health
ARTURO AGUIRRE, R.E.H.S., M.A.
Director of Environmental Health
5050 Commerce Drive
Baldwin Park, CA 91706-1423
TEL (626) 430-5100 • FAX (626) 813-3000

www.lapublichealth.org/eh

March 21, 2003

Centers for Disease Control and Prevention
Mildred Garner, Grants Management Officer
CDC Procurement and Grants Office
2920 Bradywine Road, Room 3000
Atlanta, GA 30341-4146

Dear Ms. Garner:

The Los Angeles County Department of Health Services is pleased to submit to the Centers for Disease Control and Prevention this application for a Childhood Lead Poisoning Prevention Grant.

The Los Angeles County's population of 9.5 million people is larger than that of 42 of the 50 states. Yet despite the huge area and population we must serve, the Los Angeles County Childhood Lead Poisoning Prevention Program (CLPPP) is able to provide a wide range of services throughout the County to decrease the number of children at high risk of lead poisoning, educate parents and children about lead hazards, and provide case management and environmental investigation services to children with elevated blood lead levels.

During this grant period, the Los Angeles County CLPPP will convene representatives from a wide variety of agencies concerned with the prevention of childhood lead poisoning to draw up and begin implementation of a plan to eliminate childhood lead poisoning by 2010. With authority from a new state law mandating the correction of lead hazards with lead-safe work practices, the program will take a big step in the direction of eliminating lead hazards by collaborating with the City of Los Angeles Systematic Code Enforcement Program to provide forensic lead testing in units cited for noncompliance with lead safe work practice requirements. CLPPP Environmental Health Inspectors who issue stop-work orders and correction notices will also respond to complaints about unsafe work practices countywide.

To implement our proposed program we are requesting $792,385 to pay the salaries of a Program Manager, a Senior Typist Clerk, three Environmental Health Specialists, a Senior Health Educator, an Epidemiology Analyst, and consultants to help write the elimination plan and carry out program evaluation.

We look forward again to working with the Centers for Disease Control and Prevention, National Center for Environmental Health in our program to finally eliminate lead poisoning as a threat to our children's health.

If you have any questions or need additional information, please call me at (626) 430-5100.

Very truly yours,

Arturo Aguirre, R.E.H.S., M.A.
Director of Environmental Health

AA:gf

TABLE OF CONTENTS

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier
03/21/2003	
3. DATE RECEIVED BY STATE	**State Application Identifier**
4. DATE RECEIVED BY FEDERAL AGENCY	**Federal Identifier**

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
County of Los Angeles	Department of Health Services
Address *(give city, county, state, and zip code):*	**Name and telephone number of the person to be contacted on matters involving this application** *(give area code)*
5050 Commerce Drive Baldwin Park, Ca 91706	Belinda Snguon (323) 890-8671 Barbara Hairston (213) 351-1978

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*

9 5 – 6 0 0 0 9 2 7

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* B

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other *(Specify):*

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify):*

9. NAME OF FEDERAL AGENCY:

Centers for Disease Control and Prevention

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 – 1 9 7

TITLE: Childhood Lead Poisoning Prev. Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CDC Funded Childhood Lead Poisoning Prevention Program

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.):*

Los Angeles, CA

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
07/01/2003	06/30/2006	22, 24-39, 42, 46	22, 24-39, 42, 46

15. ESTIMATED FUNDING:

a. Federal	$	792,385.00
b. Applicant	$	.00
c. State	$	4,489,080.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	5,281,465.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. NO. ☑ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Arturo Aguirre	Director, Environmental Health	(626) 430-5110
d. Signature of Authorized Representative		**e. Date Signed**
		3/21/03

Previous Editions Not Usable
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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
PROJECT NAME: STATE & LOCAL CHILDHOOD LEAD POISONING PREVENTION PROGRAM
GRANT AWARD #: US7-CCU922877-01
DETAIL BUDGET
BUDGET PERIOD: 7/1/03 - 6/30/04

Item	# of FTE	# of Months	% of Time	Monthly Salary	Budget Request	Budget Reduction	Approved Budget
Personnel (Title and Name)					$373,645	($9,141)	$364,504
Environmental Health Specialist IV, Barbara Hairston	1	12	100%	$5,089	$61,058	$9	$61,065
Environmental Health Specialist III, Ken Habaradas	1	12	100%	4,832	57,972	12	57,984
Environmental Health Specialist III, Ellaheh Abrishami	1	12	100%	4,832	57,972	12	57,984
Environmental Health Specialist III, Vacant	1	12	100%	4,832	57,972	12	57,984
Epidemiology Analyst, Diem Vu	1	12	100%	4,098	49,164	(10)	49,154
Senior Health Educator, Vacant	1	10	100%	4,588	55,057	(9,176)	45,881
Senior Typist Clerk, Monique Logan	1	12	100%	2,871	34,452		34,452
Fringe Benefits (35.6991%)					121,005	9,119	130,125
Travel					13,000	(1,167)	11,833
In-state					0	6,000	6,000
Out-of-state					13,000	(7,167)	5,833
Equipment					2,500	4,196	6,696
Supplies					2,500	0	2,500
Office Supplies					2,500	0	2,500
Contractual					135,000	(45,000)	90,000
Community-based Organization					50,000	(25,000)	25,000
Pacific Toxicology					15,000	0	15,000
Plan Consultant					70,000	(20,000)	50,000
Other					72,700	(27,175)	45,525
Bilingual Bonus					1,200	0	1,200
Incentives					1,500	0	1,500
Training					0	2,825	2,825
Sample Analysis					20,000	(10,000)	10,000
Media Campaign for Educational Outreach					50,000	(20,000)	30,000
Total Direct Costs					$720,350	($69,168)	$651,183
Indirect (@ 10% on total direct costs)					$72,035	($6,917)	$65,118
Total Budget Request					$792,385	($76,085)	$716,301

NOTED AND APPROVED BY

Program Director's Signature

6/4/03
Date

Agency Fiscal Manager's Signature

6/4/03
Date

(s:\belinda\share\cdc\cad\FY 02-03\budget 03-04 #10.xls) 6/3/2003
worksheet tab: budget 10

1. PROBLEM STATEMENT AND EVIDENCE OF NEED

Introduction: The risk of lead poisoning in Los Angeles County arises from the interaction of poverty, old housing in poor condition, lack of medical insurance and access to medical care, inadequate provider compliance with blood lead screening protocols and lack of knowledge about the hazards of lead. The irony is that risks may multiply in the very act of remedying the problems of deteriorated walls and peeling paint if property owners, contractors and workers do not use lead-safe work practices. Actions in pre-1978 housing such as dry sanding or dry scraping, and failure to contain debris and thoroughly clean the work area can create lead hazards that may poison pregnant women and young children living in the house, neighboring children if it is exterior paint and even the workers themselves and their children if they take the dust home on their clothes. So, along with the well-established components of a Childhood Lead Poisoning Prevention Program, the adoption of lead-safe work practices can be seen as a key factor in eliminating childhood lead poisoning in Los Angeles County.

In this application, Los Angeles County CLPPP is proposing three pilot programs to enforce a new California law requiring correction of lead hazards using lead-safe work practices in all pre-1978 housing. These programs will enhance the program's capacity to prevent childhood lead poisoning and the new law, SB460, will strengthen the jurisdiction's ability to implement a lead poisoning elimination plan.

Population Data: Los Angeles County's population of more than 9.5 million people constitutes 3.8% of the population of the United States. This population is larger than that of 42 of the 50 states. The County is not only huge but hugely diverse; 150 different languages are spoken in the region. Nonwhite ethnic/racial groups make up the majority of the population which in 2000 was 45% Latino, 31% White, 12% Asian 9% African American, 0.3% Native Hawaiian and Other Pacific Islander, 0.3% American Indian and Alaska Native, and 0.2% Other. Between 1990 and 2000, the percentage of Latinos grew from 37% to 45%. In 2000 there were 866,380 children under the age of six living in Los Angeles County of whom 25% lived in

poverty.

Housing Data: According to the 2000 Census, 47% of the County's 3,270,909 housing units were built before 1960 and 25%were built before 1950. These are the units that are most likely to have lead-based paint and where the presence of lead in peeling paint or dust exposes young children to the risk of lead poisoning.

Year	Number	Percent
1950 to 1959	728,336	22.3
1940 to 1949	400,671	12.2
Before 1940	421,785	12.9
Total	1,550,792	47.4

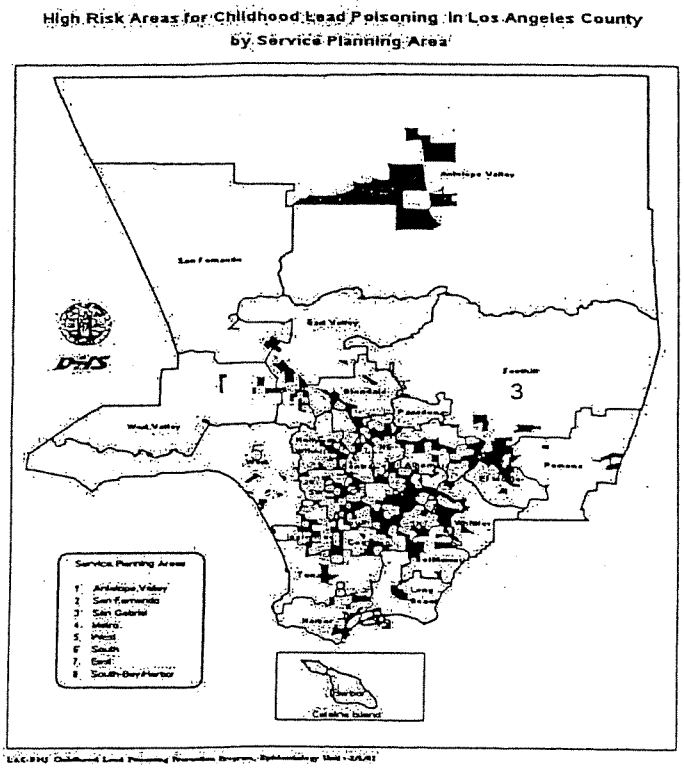


Figure 1

While pre-1960 units can be found throughout the County, they are highly concentrated in the old urban core of Los Angeles County. This area includes parts of the City of Los Angeles, other cities and unincorporated areas of the County.

Building Condition and Primary Prevention: Not only deteriorated conditions but also the repair, painting and rehabilitation of pre-1978 housing units pose a risk of lead poisoning to pregnant women and young children who live in these

buildings. The need to educate homeowners, property managers, contractors and workers about lead-safe work practices has long been recognized. However, until recently California's health and housing laws did not define lead hazards or identify these hazards as health or housing code violations. Nor did they define as code violations the disturbance of lead-based paint or presumed lead-based paint without containment or give clear authority to health and housing agencies to enforce compliance through corrective orders, stop work orders and the imposition of fines. But in January of 2003, a new California law, Senate Bill 460, went into effect defining lead hazards as health and housing code violations and giving both cities and counties authority to issue stop work orders and to impose fines for failure to use lead-safe work practices in pre-1978 buildings.

SB460 is a key component of the regulatory structure necessary to eliminate childhood lead poisoning because of the legal obligation it imposes on building inspectors and building permit departments to cite deteriorated or peeling paint, inform property owners about lead safe work practices and inspect for compliance. In order to begin implementation of SB460, in the grant period 2003 to 2006 the Los Angeles County Childhood Lead Poisoning Prevention Program will collaborate with the City of Los Angeles Systematic Code Enforcement Program to ensure that deteriorated surfaces are cited and that property owners use lead-safe work practices. In the event of unsafe practices, the County will provide forensic lead testing so that the City can prosecute the property owner.

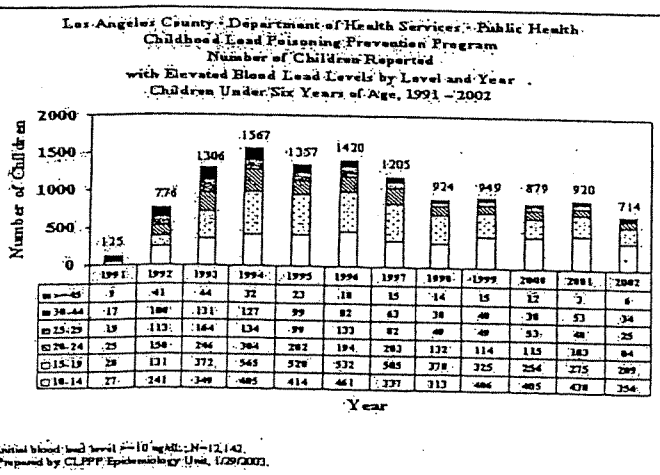
Forty percent (40%) of the housing units and 38%of the people in Los Angeles County are found within the 400 square mile area of the City of Los Angeles. More than 60% of the City's 1,337,668 housing units are renter-occupied. The City's Systematic Code Enforcement Program is tasked with inspecting all rental units in the City every three years. So far, the program has inspected 330,000 units and issued one million citations. A target area of four City Council Districts in the oldest part of the City has been selected for the first year of the pilot program. These four districts are located within three different Los Angeles County

Supervisorial Districts as demonstrated in Map 2 in Appendix 1. About one third of all high risk census tracts are in this target area. A map of the pilot program area (Map 1) and a list of the high risk census tracts are provided in Appendix 1.

Data on Children with Elevated Blood Lead Levels: Los Angeles County surpasses all other counties in California in the number of lead poisoning cases, accounting for half of the total number of cases identified in the state. The lead poisoning data presented here is for the entire County of Los Angeles excluding the cities of Long Beach and Pasadena each of which has its own health department.

Between January 1991 and December 2002, 12,142 children under the age of six living in Los Angeles County were identified with initial blood lead levels of 10 µg/dL or higher. Of this number 5,004 were reported as cases to the Los Angeles County Department of Health Services Childhood Lead Poisoning Prevention Program (Los Angeles County CLPPP).

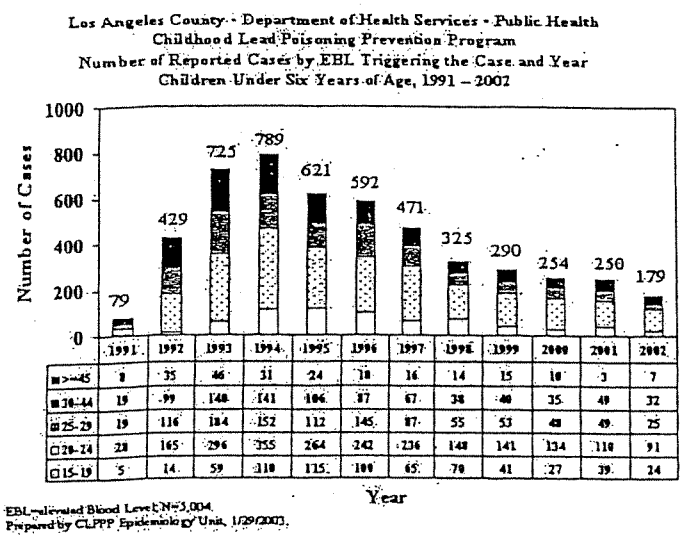
Figure 2



The true incidence and prevalence of lead poisoning among children in Los Angeles County is unknown. It is likely that the number of lead poisoning cases is under reported since until January 1 of 2003 California state law only required reporting of blood lead levels of 25 µg/dL and above to the state's Childhood Lead Poisoning Prevention Branch (CLPPB). Although most tests with lower lead levels were voluntarily reported, some elevated blood lead levels may not have been reported even though they were within CDC guidelines for case definition. Furthermore, since the state required only the reporting of tests with certain elevated blood leads and not all tests, no denominator and no true numerator are available. Therefore, no

incidence rate and no true prevalence rate can be calculated. This is true for both Los Angeles County and for California as a whole. Figure 3 shows that the number of children with elevated blood lead levels began to decline steadily in 1997. Case data in Figure 3 shows that while the number of lead poisoning cases identified annually increased between 1991 and 1994 the number of new cases began to decline in 1995. In 2002 only 179 new cases were identified.

Figure 3



Most (65%) defined cases were in the range between 20 and 29 µg/dL with 22% of cases at blood lead levels of 30 ug/dL or higher. CLPPP data show that the number of cases in the higher levels has been steadily decreasing, probably because children are being tested and receiving interventions earlier.

However, Figure 2 above shows that there were 475 children with blood levels between 10 and 19 ug/dL that did not qualify as cases. These findings probably indicate that children are being tested earlier, before blood lead levels rise to levels that meet case identification criteria. The data needed to correctly attribute the decline in cases to program effects or other causes do not exist but should become available once universal reporting of blood lead tests is fully implemented.

Figure D in Appendix 1 shows, as might be expected, that the majority (58%) of all cases are in children less than three years old. Children in this age group are most susceptible because they are most likely to come in contact with environmental lead and because of hand to mouth behavior.

High Risk Areas: In compliance with guidelines established by the Centers for Disease Control and Prevention and the California Department of Health Services, Los Angeles County CLPPP uses data from the Census and other sources to identify the areas of the County where children are at highest risk for lead poisoning. The Epidemiology Unit used GIS mapping software (Map Info), 1999 Population Estimation Data, and 1990 Census Data to rank census tracts by four risk indicators: poverty, children under the age of five, uninsured people, and pre-1960 housing. Staff plotted the top 50% of census tracts for each indicator, then identified the high risk areas by overlaying those census tracts that were in the top 50% on all four risk indicators. As a result, 361 census tracts were identified as the high risk areas. These are the areas where CLPPP focuses resources for its targeted screening and educational intervention programs. A map of the high risk areas can be found in Figure 1 on page 2. A copy of the map and a list of the census tracts for the high risk areas with data on the four risk factors for each tract are provided in Appendix 1.

The high risk areas together have 478,843 housing units built before 1960, 284,867 children under the age of five, 1,839,020 persons at 200% of poverty or less (60% or less of area median income) and 1,197,495 persons without health insurance. Providing blood lead screening to the high risk areas is a monumental task since Los Angeles County has an area of 4,081 square miles with 88 different cities. The Los Angeles County Department of Health Services provides public health and medical care services to 84 of these cities plus the County's many unincorporated areas. High risk census tracts, while highly concentrated in the old urban core of the City of Los Angeles, are found throughout the County as indicated on the map. These tracts contain 31% of all the pre-1960s housing, 22% of all the children under the age of five and 44.5% of all the people living below 200% of poverty in Los Angeles County. One half of all lead poisoning cases have been found within the high risk tracts.

Other Risk Factors

Race/Ethnicity: Program data (Table E, Appendix 1) show that 76% of the children whose

blood lead levels met the CDC case definition criteria were Hispanic (Latino) while African Americans made up 6.4%, Whites 1.3%, and Asians 0.8%. Only three children in the case data were identified as Native American and nine as other. There were 727 cases (14.5%) for which race/ethnicity data was not available.

Lack of Health Insurance: The risks of lead poisoning of young children created by concentrations of pre-1960 rental units inhabited by families with young children are complicated by lack of health insurance coverage and access to medical care for hundreds of thousands of Los Angeles families. According to the Los Angeles County Health survey, conducted in 1999-2000, although about one third of the County's children, (930,000) are covered by Medi-Cal and Healthy Families, and 47% or 1,310,000 have private health insurance, 20% (570,000) of the County's children have no health insurance at all. Of these children 82% or 467,400 children are Latino. The percentage of children who were uninsured in other racial/ethnic groups was lower: 8% of whites, 7% of African-Americans and 12% of Asians/Pacific Islanders are uninsured. Eighty-two percent (82%) of uninsured children have at least one parent in the workforce.

Lack of Physician Knowledge of and Compliance with Blood Lead Screening Protocols: In 2002 the CLPPP conducted a survey of providers about blood lead screening. Out of 1,000 surveys mailed, 304 (30%) were returned. The 304 respondents ranged in size from large clinics to individual practices. Sixty-four (64%) of respondents said they screen fewer than 50 children per month for blood lead. A comparison of the number of children the providers see monthly and the number of children they screen found that 145 providers screen fewer than 25% of child patients, 69 screen between 25% and 50%, 26 screen between 50% and 75% and only 32 screen more than 75% of the children they examine. The findings of the survey are provided in Appendix 1.

In order to increase screening in the high risk target areas, hospital staff and community medical providers are invited to periodic Grand Rounds conducted by Mariam Shipp, M.D. at

hospitals in the high risk target areas.

Lack of Knowledge About Lead Hazards: Although the program regularly surveys parents attending health fairs and other educational events about their awareness of lead hazards, there is no survey data on the extent of knowledge about lead hazards among the general population in the high-risk areas. Program assumptions about the need for continued outreach to increase screening are based on information showing that many families are uninsured and that many providers in the target areas do not screen for blood lead.

2. CAPACITY TO ELIMINATE CHILDHOOD LEAD POISONING

Introduction: Much of the regulatory authority and institutional structures necessary to eliminate lead poisoning in Los Angeles County and throughout California are now in place. While there can still be significant improvement in physician compliance with blood lead screening guidelines, community awareness of how to protect children from lead hazards and the need for blood lead testing of children at high risk, these are all areas in which substantial progress has already been made. What remains are the design and implementation of policies ensuring that all contractors and maintenance workers utilize lead-safe work practices, all pre-1978 rental housing is regularly inspected for deteriorated painted surfaces and other lead hazards, and all owners of pre-1978 residential buildings have information about and comply with requirements for the use of lead hazards and lead-safe work practices.

Jurisdiction-wide screening plan: In 1999, the California Department of Health Services Childhood Lead Poisoning Prevention Branch issued guidelines for targeted blood lead screening. Under the State guidelines local CLPP Programs were empowered to either utilize the state policy as their targeted screening plan or to enhance the state policy by creating a community specific plan. The state plan is provided in Appendix 2.

The Los Angeles County Department of Health Services CLPP Program did draw up a jurisdiction-wide targeted screening plan which has been revised for 2003-2004. A copy of the County plan is provided in Appendix 2. Objectives and implementation activities for the

targeted screening plan are found in Section 3, Goals and Objectives of this application.

The targeted screening plan establishes a targeted screening task force, sets goals and objectives and identifies evaluation measures. The criteria for identifying the target areas and the number of housing units and children in the high risk areas are described under Section 1, Need, above.

Regulations requiring the reporting of all blood lead results for children less than 72 months of age: Until January of 2003, California required the reporting only of blood lead tests whose levels were 25 ug/dL or higher. No record was kept of the number of tests administered. All this changed in 2002 when the legislature passed Senate Bill 460 requiring the reporting of all blood lead tests and the implementation of electronic reporting. Full reporting of all blood lead tests began in January 2003 and electronic data transfer from laboratories is required by January 2005.

Capacities of the Los Angeles County blood lead surveillance system:

Case management and program monitoring capabilities:

The Response and Surveillance System for Childhood Lead Exposure (RASSCLE) is a case management and surveillance software program developed by the State to help local health departments track, investigate, and follow up on lead poisoning cases. RASSCLE stores comprehensive data relevant to lead poisoning cases, including patient demographics, addresses, blood lead results, and follow-up data. Screening data for children who are not lead-poisoned can also be entered into RASSCLE.

To date, RASSCLE has more than 40,000 records of which 5,600 were identified as cases. In addition to daily entry of blood lead test results received, and Lead Poisoning Follow-up (LPF) Forms completed by public health nurses and environmental health specialists, Los Angeles County CLPPP downloads daily from the State all results manually entered or electronically imported into State RASSCLE. The Los Angeles RASSCLE system has been continuously expanding, with more than 10,000 screening reports and approximately 200 cases

added per year.

The universal reporting law of 2003 will drastically increase the number of reported screenings. Quality assurance of the large quantity of data will be a challenge. However, the new reporting law will, for the first time, provide Los Angeles County CLPPP with complete screening data, which are essential in directing, monitoring, and evaluating program activities

Los Angeles County CLPPP generates quarterly reports on RASSCLE data using SAS (Statistical Analysis System). A few additional data reports are generated using Microsoft Access.

The ability to determine screening and EBLL rates among specific high-risk populations, particularly Medicaid-eligible children: Outreach and screening are focused on children eligible for Medi-Cal and for Healthy Families, a program of insurance for families earning up to 200% of poverty. Once the state's Childhood Lead Poisoning Prevention Branch (CLPPB) has fully implemented data entry of all blood lead tests, the system will be able to determine screening and EBLL rates among specific high-risk populations.

The percentage of laboratory blood lead test results reported electronically to the state: Management of the RASSCLE system is the responsibility of the CLPPB. As originally designed, all laboratories were supposed to report blood lead test results to the state and then local programs would download the data. Full implementation of electronic reporting by laboratories to the state which is required by January 2005 is the responsibility of the state branch. The state CLPPB will provide a quarterly or twice yearly report on the percentage of reports transferred electronically.

Electronic transfer of data from laboratories, WIC, immunizations, birth certificates, and between local and state health departments. Electronic transfer of blood lead test reports from the state to Los Angeles County CLPPP has already been implemented. Los Angeles County CLPPP downloads screening data daily. The transfer of other data is a state function.

The ability to identify and assure reporting from private labs and portable blood lead analyzers. This is a state function but the state encourages local programs to continue to work with local laboratories. The local program will continue to work with the state to improve these programs. The RASSCLE system does have this capacity and, as stated earlier, a new law, SB460, requires the reporting of all blood lead tests to the state CLPPB by January 2003 and implementation of electronic reporting by January 2005.

Plans for data analysis, reports and evaluation of the surveillance system: Los Angeles County CLPPP regularly analyzes surveillance data and issues quarterly reports. Quality assurance is integrated into all surveillance system activities and is outlined below in Section 3. Goals and Objectives, under C. Surveillance.

Use of surveillance data to target lead poisoning prevention activities: The Epidemiology Unit used surveillance data to test whether its original identification of the high risk target areas included areas generating high numbers of EBLLs. Based on the results, the criteria for identifying census tracts were revised and new target areas were identified comprising 361 census tracts. This process will be repeated as soon as Los Angeles County CLPPP receives the 2000 Census data.

Implementation of strategic partnerships within the jurisdiction to eliminate childhood lead poisoning: The many strategic partnerships that help Los Angeles County CLPPP provide childhood lead poisoning prevention services countywide are described in Section 4.

Commitment of resources and personnel: Los Angeles County CLPPP has a staff of 64 including CDC-funded staff members who provide surveillance, case management, outreach, health education, and primary prevention services. Resources include a $4,489,080 grant from the California Department of Health Services CLPPB, funding from the Centers for Disease Control and Prevention, and payments for blood lead screening from Medi-Cal and CHDP (the

Childhood Health and Disability Prevention Program).

3. GOALS AND OBJECTIVES

GOAL A: Prepare And Implement a Plan to Eliminate Childhood Lead Poisoning in Los Angeles County by 2010.

Objective A-1: Identify strategic partners (stakeholders) and major topics, then convene plan committee and establish committee structure including subcommittees.

Implementation Activities:

1. Identify and hire Sr. Health Educator and plan consultant by August 2003 (CDC Program Manager)
2. Identify crucial plan topics and staffing for subcommittees, identify prospective committee members from relevant sectors, as well as potential committee chair or co-chairs and subcommittee chairs and issue invitation letters by September 2003. (CDC Program Manager, Sr. Health Educator and Plan Consultant)

Evaluation Measures:

1. Maintain records of committee selection process documented by letters and memos, and the lists of all committee members and membership of each subcommittee.
2. Assess representativeness of committee by indicating sector represented by each member.

Objective A-2: Prepare and examine findings about current conditions, identify policies and programs that will facilitate prevention and elimination, make recommendations and prepare subcommittee reports. (October 2003 through March 2004)

Implementation Activities:

1. Convene first committee meeting, explain process, allow participants to volunteer for subcommittees and set first subcommittee meetings by October 2003. (CDC Program Manager, Sr. Health Educator and Plan Consultant)
2. Prepare basic reports on existing conditions for each subcommittee and hold a series of

subcommittee meetings to make findings by December 2003. Prepare and circulate minutes of each meeting to subcommittee members. (CDC Program Manager, Plan Consultant and Staff)

3. Once problems have been clearly identified, write up subcommittee findings and begin process of making recommendations for policies and programs by February 2004. (CDC Program Manager, Plan Consultant and Staff)
4. Write up recommendations, review and vote on the recommendations by March 2004. (CDC Program Manager, Plan Consultant and Staff)

Evaluation Measures:

1. Maintain records of documents submitted to subcommittees such as findings, meeting minutes and reports of recommendations. (CDC Program Manager and Staff)

Objective A-3: Prepare and adopt Plan to Eliminate Childhood Lead Poisoning

Implementation Activities:

1. Submit subcommittee reports to the committee of the whole for discussion and adoption by April 2004. (CDC Program Manager, Plan Consultant and Staff)
2. Prepare plan for publication, publish, and hold press conference by May 2003. (CDC Program Manager, Plan Consultant and Staff)

Evaluation Measures:

1 Maintain records of the plan document itself with evidence from the minutes of its adoption and any press coverage generated by the press conference to document the success of this objective. (CDC Program Manager and Staff)

2. In years two and three evaluate success of the plan by documenting the number of recommended programs and policies actually adopted and implemented. (CDC Program Manager)

Objective A-4: In years two and three, create a Committee of Stakeholders to disseminate plan

and promote adoption of recommendation by the County, and by City governments throughout Los Angeles County and by state agencies as appropriate by September 2004.

GOAL B: TARGETED SCREENING (A copy of the Jurisdictional Targeted Screening Plan is provided in Appendix 2)

Objective B-1: Implement CLPPP Outreach Activities for the Targeted Screening Plan:

Implementation Activities:

1. Implement targeted screening for each high-risk area, specified zip codes and census tracts. (Ongoing, Health education Staff)
2. Educate health care providers regarding recommended screening guidelines, anticipatory guidance, and follow-up testing and provide providers with supportive materials, including information on screening guidelines, parent education, referrals, and local sources of lead exposure. (Ongoing, Medical Consultant, PHN Staff)
3. Educate parents and parent groups about recommended screening through participation at meetings, flyers and newsletters and provide parents with supportive materials, including screening guidelines, risk factors, local sources of lead exposure. (Ongoing, Health Education Staff)

Evaluation Measures:

1. Review and modify, if necessary, high-risk areas. (Epidemiologist)
2. Review screening and case data including demographic information. (CLPPP Dir.)
3. Evaluate medical provider compliance with screening guidelines. (CLPPP Dir.)
4. Review of pre and post tests following presentations. (Health Education Staff)
5. Evaluate curriculum(s) and health education material. (Health Education Staff)

Objective B-2: Encourage screening through collaboration with the WIC Program. By June 30, 2004, increase by 10% the number of children that are screened as a result of a program that offers a T-shirt as a reward for taking a blood lead test.

Implementation Activities:

1. Establish and maintain collaborative agreements with WIC.
2. Provide participating WIC agencies with educational materials (coloring books, parent brochures) and T-shirts.
3. Conduct annual training for WIC clerks who operate the program.
4. Provide blood lead test results to the Epidemiology Unit.

Evaluation Measures:

1. Maintain records of MOUs, educational materials and number of T-shirts distributed in exchange for documented screening test results. (Health Education Staff)
2. Use pre and post tests to measure increase in knowledge about lead hazards and protective behaviors among WIC clerks who attend training sessions. (Health Education Staff)

GOAL C: SURVEILLANCE

Goal C: Maintain a comprehensive surveillance system, improve data quality, and utilize the data to guide, monitor, and evaluate program activities. Three objectives are set to improve the timeliness and accuracy of data entry, and to increase the usage of the surveillance data.

Objective C-1: By June 30, 2004, data entry staff will enter 100% of elevated blood lead levels (EBLs 15 µg/dL) within two days of receipt, 100% of EBLs between 10 and 14 µg/dL within one week, and 80% of LPF Forms within 60 days of the initial home visit.

Implementation Activities:

1. Ensure the date BLL was received is entered into RASSCLE for all records. (Ongoing - Epidemiologist)
2. Maintain a tracking database for the LPF Forms. (Ongoing – WPII)
3. Arrange quarterly meetings with supervisors from Case Management, Environmental Health, and Epidemiology Units to discuss data timeliness and accuracy issues. (Quarterly –

Nurse Manager, Chief of Environmental Health, and Epidemiologist)

Evaluation Measures:

1. Analyze data processing dates such as date received, date entered, and date sent to the state to determine the timeliness of data entry. (Bi-annually – Epidemiologist)
2. File meeting minutes, and document improvements in surveillance system. (Bi-annually – Epidemiologist)

Objective C-2: By June 30, 2004, the Epi supervisors will check for accuracy 100% of EBLs 10 µg/dL, 10% of BLLs <10 µg/dL, all the environmental source data in initial LPF Forms, and 10% of follow-up information (pages 1-7 of LPF Forms).

Implementation Activities:

1. Check data entry, and re-train data entry staff as needed. (Ongoing – Epidemiologist, Epidemiology Analyst, and WPII)
2. Respond to data correction requests from Case Management Unit. (Ongoing - STC, Epidemiologist)
3. Run RASSCLE built-in cleaning programs monthly to find possible duplicates. (Ongoing – WPII)
4. Identify false positive blood lead results, and make corrections in RASSCLE. (Ongoing – PHNs, STC)

Evaluation Measures:

1. Review all identified data errors, re-train data entry staff, or revise data processing procedures as needed in order to reduce data errors. (Ongoing - Epidemiologist)
2. Identify laboratories that reported the highest number of false positives, and report the findings to the State. (Bi-annually – Epidemiologist)

Objective C-3: By June 30, 2004, using surveillance data, the Epidemiologist will establish baselines of screenings, EBLs, cases, prevalence, and average BLL; redefine the high risk areas;

and assist Case Management and Environmental Health units in evaluating case management and investigation activities.

Implementation Activities: (all activities conducted by Epidemiologist except as noted)

1. Contact the State to obtain a timeline for entering BLLs reported to the State. (By 7/31/03)
2. Analyze available screening data to obtain baseline measures for program activities. (By June 30, 2004)
3. Modify high risk areas using Census 2000 data and surveillance data. (By June 30, 2004)
4. Collaborate with Case Management and Environmental Health units to determine which data reports should be generated for them periodically. (Ongoing)
5. Respond to internal and external data requests. (Epidemiologist and Epidemiology Analyst)
6. Analyze and disseminate data to CDC, State, and all program staff. (Bi-annually)

Evaluation Measures:

1. Compare baseline data with the national data. (Epidemiologist)
2. Review and modify the methodologies for developing high risk areas. Compare new high risk areas with the old high risk areas. (Epidemiologist)
3. File all reports, tables, graphs, maps, and responses to data requests. (Epidemiologist)

GOAL D: PRIMARY PREVENTION

Objective D-1: Increase Awareness and Knowledge in High-Risk Communities. By June 30, 2004, increase awareness and knowledge of hazards of lead exposure and prevention strategies by participating in at least 20 health fairs and at least 20 presentations to the general population in or adjacent to the targeted high risk census tracts. Los Angeles County CLPPP has ongoing activities to educate parents, teachers, day-care providers and policy makers regarding the hazards of lead and how to protect children from exposure. This objective will advance these efforts in the census tracts at highest risk.

Implementation Activities:

1. Develop listing of the following organizations that operate within high-risk census tracts: schools, institutions of faith (churches, temples, etc.), WIC agencies, community-based organizations and other agencies serving families with children.
2. Contact organizations to offer program and to schedule time and dates for presentations and health fairs.
3. Conduct presentations and health fairs.

Staffing: Current CLPPP Health Education Unit

Evaluation Measures: (see Evaluation Objective H-5 for impact evaluation of this objective)

1. Document activity with list of agencies, schedule of presentations, sign-up information, Lead Challenges as appropriate and the number of children screened, when testing is part of activity. (Sr. Health Educator and Staff)
2. Administer and analyze surveys, and pre and post tests to measure effectiveness of presentation. (Sr Health Educator and Staff)

Objective D-2: Increase Awareness and Knowledge Among Pregnant Women

By June 2004, at least 80% of attendees at each of 10 or more presentations to pregnant women will correctly answer five specific post-presentation knowledge assessment questions about the hazards of lead exposure and childhood lead poisoning prevention.

Implementation Activities:

1. Continue to identify venues and schedule presentations to high-risk pregnant women.
2. Conduct presentations.

Staffing: Current CLPPP Health Education Unit

Evaluation Measures: (See Evaluation Objective H-6 for impact evaluation measures)

1. Document activities by maintaining records of presentation schedules, pre and post tests, and follow up surveys on file. (Sr. Health Educator and Staff)

Objective D-3: Increase awareness of lead hazards, effects of lead poisoning and prevention strategies among school children in high-risk area schools. By June 30, 2004, at least 25 schools in or adjacent to high-risk census tracts will collaborate with LAC/CLPPP to educate children about lead hazards and lead poisoning prevention in conjunction with the Lead Awareness Art Contest.

Implementation Activities: (Current Health Education Unit)

1. Obtain endorsement of the project from Los Angeles County Board of Education, Los Angeles Unified School District and the Catholic Archdiocese.
2. Provide contest materials (instructions on art work for a lead awareness calendar, winning classes will have their art work published in the calendar), curriculum, and parent brochures to all participating schools.
3. Select contest winners, present awards at schools, provide artwork to CLPPB for calendar.

Evaluation Measures (Sr. Health Educator and Staff)

1. Maintain records of endorsement letters, program materials, contest winners and calendars.
2. Contact a sample of non-partcipating schools and administer a survey to determine reasons for non-participation. Use results to increase participation.

E. CASE MANAGEMENT ASSURANCE: Public Health Nursing and Environmental Health Case Management Plan

Goal E: Ensure that all children who meet case definition (case) receive appropriate and timely coordination of case management activities in accordance with the PHN Case Management Actions outlined in the *"Matrix : Management Guidelines for Childhood Lead Exposure by Blood Lead Level" (See Appendix 3)*.

Objective E-1: The Case Management (CM) Unit will ensure that the PHN initiates a home visit and completes a care plan in all cases with BLLs between:

- 15-19 micrograms/dL, within two weeks of the report.

- 20-29 micrograms/dL, within one week of the report.
- 30-44 micrograms/dL, within 72 hours of the report.
- 45-59 micrograms/dL, within 48 hours of the report.
- 60-69 micrograms/dL, within 24 hours of the report.
- 70 micrograms/dL, same day of the report.

The Environmental Health (EH) Unit will ensure that the EHS initiates an environmental investigation at the primary residence of the child in all cases with blood lead levels between:

- 15-19 micrograms/dL, as soon as resources allow.
- 20-44 micrograms/dL, within 10 working days.
- 45-69 micrograms/dL, within 48 hours.
- 70 micrograms/dL, immediately (same day).

Objective E-2: The CM Unit will ensure that the PHN initiates a referral for all cases, to the EH Unit for environmental case management as follows:

- 15-44 micrograms/dL, within two working days.
- 45 micrograms/dL, same day of the report.

The EH Unit will ensure that all cases referred by the CM Unit are received and logged in the EH Unit, and the EH Unit will assign those cases within 24 hours of receipt.

Objective E-3: Annually, the Case Management Unit will provide chelation outcome data on the reduction of blood lead level (BLL) rates for all blood levels greater than or equal to 70 micrograms/dL.

Objective E-4: Semi-annually, the Case Management Unit will provide surveillance data for rates of PHN case closure such as the number of cases (1) meeting closure criteria (2) lost to follow-up and (3) transferred to another jurisdiction.

Work Plan (All activities and evaluations are inclusive with Objectives E1-E4)

Implementation Activities:

1. By December 2003, a nursing chart audit tool will be developed. This audit tool will include case management indicators (CMIs) that coincide with objectives 1-4. These indicators will be time-phased public health nursing activities that track *rate of compliance.* (Nurse Manager)
2. Case management and surveillance data will be (a) collected by the PHN (b) documented on pages 1-6 of the state lead follow-ups (c) logged in the Case Management Log Book and (d) routed to the Epidemiology Unit for data entry. Each month the Epidemiolgy Unit will provide tracking lists that monitor the completion and submission of case management and surveillance data. (Ongoing – Nurse Manager, Epidemiologist & /Epi Analyst).
3. Semi-annually, the Epidemiolgy Unit will provide a line listing of cases greater than or equal to 70 micrograms/dL. (Ongoing – Nurse Manager/Epidemiologist/Epi Analyst).
4. At the time of closure, the PHN will route the chart to the supervisor for APS chart review. The APS will ensure that (1) the date defined (2) date of closure and (3) the reason for closure is appropriately documented on page three of the state lead follow-up form. (Ongoing – Assistant Program Specialist, Public Health Nurse)
5. At the end of each month, the EHS IVs will review the cases received in EH against the log of cases referred by CM to determine that all cases have been referred and received.
6. Semi-annually the EHS Chief will review 25% of the cases from the previous quarter to ensure that the cases were received and assigned in the EH Unit per the above guidelines, and that the EHS III performed the environmental investigation in accordance with established time frames.

Evaluation Measures: (Objectives E-1 through E-4)

1. Semi-annually, the Case Management Team (CMT) will compute the *"rate of compliance"* for 10% of the cases, as it relates to objectives 1-4, by conducting a chart review (using the

nursing audit tool) of nursing documentation in the medical record. (Ongoing – Nurse Manager, Assistant Program Specialist, Public Health Nurse).

2. At the end of each month, the supervisor will reconcile the Case Management Log and the Epi tracking lists to ensure the initiation and or completion date is recorded for (a) initial home visits (b) EH referrals and (c) submission of state lead follow-up forms to the Epidemiology Unit. The supervisor will consult with the respective PHN with regard to deadlines for completion and submission of outstanding case management and surveillance data. When needed the Nurse Manage will request a copy of the reconciled tracking list. (Ongoing – Public Health Nurse, Assistant Program Specialist & Nurse Manager)
3. Biannually, using a line listing, the supervisor will conduct a chart audit for all cases 70 µg/dL and (1) compare the BLL level before and after chelation (19-day period) and (2) compute and report the average percentage in reduction. (Ongoing – Assistant Program Specialist/Nurse Manager)
4. Within 30 days of the closure date, the Epidemiology Unit will enter into RASSCLE (1) the date-defined (2) date of closure and (3) the reason for closure, which is documented, on page three of the state lead follow-up form. Biannually, the Epidemiolgy Unit will report outcome data related to PHN closure rates. (Ongoing – Nurse Manager/Epidemiologist & Epi Analyst).
5. Semi-annually, the Chief EHS will report on the number of cases referred by the CM Unit and the number of case received in EH and time frames for assignment of those cases.
6. Semi-annually, the Chief EHS will review 25% of the cases for the previous quarter and report on the percentage of cases that met the investigation time line requirements.

GOAL F: COMMUNITY PARTNERING

Objective F-1: Work with public agencies, nonprofit associations and community-based organizations to implement programs to eliminate childhood lead poisoning in Los Angeles

County.

Implementation Activities:

1. Conduct pilot program with the City of Los Angeles Systematic Code Enforcement Program and the Healthy Homes Collaborative (see Objective G-1 and Appendix 3)
2. Work with a committee of up to 100 public, nonprofit and private sector agencies in health, housing, and other fields that must address lead poisoning prevention and lead-based paint abatement to create a plan to eliminate childhood lead poisoning.
3. In years two and three of the grant, work with a committee of stakeholders to implement the recommendations of the Childhood Lead Poisoning Elimination Plan.
4. Continue to collaborate with WIC, the Los Angeles Unified School District, the Los Angeles County Board of Education, the Catholic Archdiocese and other groups to provide educational activities to prevent childhood lead poisoning and to screen children at high risk.

Evaluation Measures: (CDC Program Manager and Chief EHS)

1. Maintain records of contracts and agreements.
2. Conduct regular reviews to ensure that both CLPPP and its partners fully understand each one's responsibilities in the project and that project is being carried out according to protocols. Make any adjustments in protocols, target areas or other program features indicated by the review.

GOAL G. COLLABORATION AND PROTECTIVE POLICY

Goal G: Collaborate with the City of Los Angeles and cities throughout Los Angeles County to protect children from lead hazards by enforcing the use of lead-safe work practices in repair and rehabilitation of pre-1978 housing units.

Objective G-1: By July 2003, Los Angeles County Environmental Health (LAC/EH) & the Los Angeles Housing Department Systematic Code Enforcement Program (LAHD SCEP) will

modify their housing inspection program to address deteriorated paint and unsafe work practices and will implement a pilot of the modified program in a designated target area. The target area for this pilot program will be Council Districts 1, 9, 13 and 14, an area where more than half of all high risk census tracts in the City of L.A. and a quarter of of all high-risk census tracts in Los Angeles County are located. This area intersects three Los Angeles County Supervisorial Districts. About 410 buildings with 2,500 units are expected to be referred. The average number of units per building is expected to be 6.3. (See Appendix 4 for the agreement and a description of the program and Appendix 1 for maps of the target area and estimates of the workload.)

Implementation Activities:

1. Complete negotiations on MOU (see Appendix 4 for preliminary letter of agreement) and location of target area and sign by 7/03. (Director of Environmental Health)
2. Develop a detailed plan for program operation. (CDC, Chief EHS and LAHD Staff)
3. Contract with the Healthy Homes Collaborative to contact tenants in identified buildings to educate parents about how to protect their children from the hazards of lead-based paint and provide referrals for blood lead screening. (CDC Program Manager)
4. Identify seriously deteriorated buildings in the target area and refer to complaint-response program (Healthy Homes Collaborative member organizations)
5. Begin pilot program in August 2003. (CDC Program Manager, Environ. Health Chief and 3 EHS III)

Evaluation Measures:

1. Agree on the type of data that will be collected and analyzed, on who will collect and analyze the data and on what kind of result will indicate program effectiveness in order to evaluate the effectiveness of the program. (CDC Proj. Coordinator, Chief EHS and LAHD/SCEP Staff)
2. Design forms, collect and analyze agreed-upon data and modify program as indicated.

(Chief EHS and LAHD/SCEP Staff)

Objective G-2: During FY 03-04, EH Staff will respond to 100% of complaints addressing unsafe work practices in pre-1978 housing from throughout L.A. County.

Implementation Activities:

1. Develop Complaint Response Plan. (CDC Program Manager and EHS III)
2. Inform public regarding availability of services and the hazards of improper work practices through media campaign advertising 1-800-LA-4-LEAD for complaint calls. (Sr. Health Educator)
3. Respond to complaints and document complaint and outcome. (EHS III)

Evaluation Measures:

1. Establish and maintain a database and include the following: a) complaint information, to include details of the complaint and if notices written to property owner; and b) administrative/CA-DA hearing outcome and outcome of any court preceding and outcome of correction of lead hazards at the property. (Chief EHS and EHS III)
2. Using block design, evaluate effectiveness of media campaign in increasing the number of calls reporting unsafe work-practices by comparing the number of calls received before and after the media campaign. (Sr. Health Educator and EHS III)

Objective G- 3: In order to assess compliance countywide with requirements for lead-safe work practices, by June 2004, EHS Staff will make site visits to at least 60 permitted residential rehabilitation projects in cities located in high risk areas in all five County Supervisorial Districts.

Implementation Activities:

1. Obtain lists of permitted rehabilitation projects in pre-1978 buildings, select addresses to inspect, make inspections and document findings. (EHS III)
2. Share findings with B&S and State Contractors' Board. Demonstrate need for contractor

training and/or B&S inspector training to insure that inspectors check for and insure lead-safe work practices. Assist with the development of any indicated training. (EHS III)

Evaluation Measures:

1. Create and maintain database to report the following: a) number of properties inspected, b) number of notices issued from inspections, c) number of office hearings generated from inspection process, d) number of court cases filed, e) outcomes of correction of lead hazard at inspected property, f) any EBL in children less than six living in inspected property. (Chief EHS and EHS III)

Objective G-4: By June 30, 2004, train 80 inspectors from the Los Angeles City Housing Department (LAHD) Systematic Code Enforcement Program (SCEP) to identify lead hazards and understand lead-safe work practices.

Implementation Activities:

1. Establish MOU or Letter of Agreement with LAHD to be maintained on file. (Director of Environmental Health)
2. Design a curriculum and a training program. (CDC Program Manager and EHS III)
3. Train 80 housing inspectors. (Sr. Health Educator and EHS III)
4. Revise program as needed. Utilize curriculum for other organizations such as the memberships of the California Board of Contractors. (CDC Program Manager)

Evaluation Activities: (Senior Health Educator and Staff)

1. Design pre and post tests to indicate level of knowledge and skills.
2. Administer pre and post tests. Following training, 75% will correctly answer five questions.

Objective G-5: Collaboration with Hardware and Paint Stores to Increase Awareness of Lead-Safe Work Practices Awareness: by June 30, 2004, at least five hardware or paint stores will promote lead-safe work practices to customers.

Implementation Activities: (Senior Health Educator and Staff)

1. Identify paint and hardware stores in the target area for the City/County Pilot Program
2. Obtain permission to display posters and agreement to distribute paint stirrers and make educational materials available to customers.

Evaluation Measures: (Senior Health Educator and Staff)

1. Revisit stores after one month as a customer to see whether program is being implemented.
2. Maintain a file of project materials and the list of paint stores

H. EVALUATION PLAN

The process evaluation measures for most program objectives can be found above under Goals A through G. The following evaluation objectives measure program impacts.

Objective H-1: Evaluate A. Childhood Lead Poisoning Elimination Plan

Evaluation Activities

1. Set goals and time line for adoption of recommended policies and programs. At the end of the specified period, note whether policy or program has been adopted, if not conduct study of implementation actions to identify blocks to implementation that include: faults in program design, political opposition from some stakeholder sectors, bureaucratic unresponsiveness and other barriers. Then identify corrective measures, e.g.: if bureaucracy won't respond, should the plan committee recommend additional legislation, if apartment owners object to a program, are there any modifications acceptable to both sides?
2. Assess the plan's ability to address issues in the community-based and business sectors.

Objective H-2: Evaluate D. Impact of Programs to Increase Community Awareness:

Evaluation Activities:

1. Evaluate effectiveness of presentations and health fairs by using sign-up sheets to make phone contact with a selected number of participants to determine if they are doing anything differently since the outreach. Modify presentations and outreach as needed.

Summarize and analyze data, prepare a report with conclusions and actions taken to improve outreach. (Senior Health Educator)

Objective H-3: Evaluate D. Impact of Program to Increase Awareness of Lead Hazards Among Pregnant Women.

Evaluation Activities:

1. Measure knowledge change with pre and post testing at presentation. At least 80% of women who attend are expected to correctly answer five questions after the presentation. (Health Education Staff)
2. Follow-up educational sessions with a telephone survey of a sample of attendees to determine if they are "doing anything differently." (Health Education Staff)

Objective H-4: Evaluate G. Impact of Program to Enforce Lead-Safe Work Practices

Evaluation Activities:

1. Enumerate the number of "Stop Work Orders" issued in response to referral from LAHD/SCEP and to complaint calls to demonstrate the number of verified lead hazards caused by unsafe work practices that were halted by the program. Then correlate this number to the number of clearances passed after remediation to demonstrate the number of hazards that were identified and abated. (Environmental Health Staff)

4. **JURISDICTION-WIDE PLANNING AND COLLABORATION**

Applicant's ability to involve strategic partners in the publication and implementation of a targeted screening plan : The Los Angeles County Department of Health Services (LACDHS) provides public health services and medical care to an area of more than 4,000 square miles with a population of 9.5 million people. LACDHS operates six large public hospitals, six comprehensive health centers, nine primary care clinics and 12 public health service centers. Families with Medi-Cal insurance belong to one of two countywide HMOs, LA Care and Health Net and receive pediatric services from providers in those two systems. About

950,000 children in Los Angeles County are insured by Medi-Cal or Healthy Families. According to screening protocols, children under age six who live in the identified high-risk areas should be screened for blood lead. Another 570,000 uninsured children (mainly Latino) are eligible for blood lead screening services under the California Health and Disability Prevention Program (California's version of EPSDT) which also has protocols for blood lead screening. The CLPPP is working with providers to increase compliance with these protocols. The CLPPP provides case management and environmental investigation services for all children whose elevated blood lead levels meet case criteria, regardless of insurance status or provider and must therefore coordinate with hundreds of provider organizations countywide.

In order to increase community awareness of lead hazards and childhood lead poisoning prevention, the CLPPP Health Education Unit regularly collaborates with the Los Angeles County Board of Education, the Los Angeles Unified School District and the Catholic Archdiocese, three large school districts that serve hundreds of thousands of children in preschool through grade 12. The Health Education Unit also conducts outreach to churches, synagogues, mosques, other faith institutions, and to community and civic groups as well to as to WIC programs. (See Appendix 4 for agreements).

The Los Angeles County Department of Health Services Environmental Health Division administers a $3 million HUD Lead-Based Paint Hazard Control Grant that will control lead hazards in 300 units in a high risk area of unincorporated East Los Angeles.

In the area of community mobilization and policy development, the CLPP Program has established the Southern California Health and Housing Council with more than 200 members from the public, nonprofit and private sectors including health, housing, lead testing and abatement, apartment owners, hardware stores, and community-based agencies. (See Appendix 4 for the membership list).

In the programs proposed in this application, Los Angeles County CLPPP will collaborate

with many partners from the public, nonprofit and private sectors to create a plan to eliminate lead poisoning and to implement programs focused on primary prevention including control of lead hazards. Los Angeles County CLPPP will partner with the Los Angeles Housing Department Systematic Code Enforcement Program (LAHD/SCEP) and the Healthy Homes Collaborative in a program to cite property owners who fail to use lead-safe work practices.

Extent to which surveillance and program data are utilized to produce jurisdiction-wide screening recommendations, with specific attention given to the Medicaid population, as required in the Children's Health Act of 2000: See Section 2, Capacity, page 10. This is the responsibility of the state CLPPB.

Demonstrated strategic partnerships through letters of support, memoranda of understanding, contracts or other documented evidence of relationships. Letters of demonstrated partnerships are provided in Appendix 4. Strategic partners whose letters appear in the Appendix are grouped into six categories: (1) Letter of Agreement for the City/County Pilot Collaboration to Enforce SB460. (2) **The California Department of Health Services**: the Childhood Lead Poisoning Prevention Branch funds Los Angeles County CLPPP and is responsible for statewide surveillance, accreditation of lead abatement training providers, certification of individuals who successfully complete training programs, guidelines for targeted screening and case management for public health agencies and blood lead screening and medical management guidelines for health care providers. (3) **Housing and lead hazard control agencies**: the HUD Office of Healthy Homes and Lead Hazard Control (Los Angeles office); two HUD-funded Lead-Based Paint Hazard Control Programs, one administered by the City of Los Angeles Housing Department and one administered by the City of Long Beach Department of Health and Human Services; the Los Angeles County Community Development Commission which funds housing rehabilitation; the Fair Housing Foundation which investigates housing discrimination; and the Apartment Owners Association of Southern California. (4) **Children's**

health and service organizations and schools: Children's Hospital which provides blood lead screening and treatment; Asian Pacific Health Care Ventures, Inc. which provides health education programs to pregnant women and young parents; the American Lung Association; Crystal Stairs, a state-funded child care referral program serving one of the high risk target areas; the Los Angeles County Office of Education; and the Los Angeles Unified School District. (5) **Community-based and community advocacy organizations**: the Healthy Homes Collaborative made up of 18 organizations including legal groups, community-based groups, tenant organizations and Physicians for Social Responsibility. (6) **University partners**: the UCLA Occupational Health and Safety Program providing worker safety training, technical assistance and educational materials on environmental health issues for workers and community residents; the Southern California Environmental Health Sciences Center at the University of Southern California which develops models for community outreach and school curricula on environmental hazards; and the Department of Environmental Design at UC Irvine which conducts environmental research in high risk areas of the County.

5. **PROGRAM EVALUATION**

Responsibility for program evaluation: The staff members or supervisors responsible for process evaluation measures and the impact measures set forth under Goal H are identified under each of the objectives.

The CDC NOFA asks applicants for a **description of a systematic assessment of the operations and outcomes of the program:** This can be restated as two questions which are answered below.

1. **Describe the process evaluation measures proposed for your program including the assessment of program quality, effectiveness and efficiency.** Measures for evaluating the quality, effectiveness and efficiency of surveillance, case management, primary prevention (health education) are included and labeled as evaluation

measures in Section 3, Goals and Objectives.

2. **Describe the outcome measures you will use to determine the impact of program activities on the elimination of childhood lead poisoning in Los Angeles County.** Selected measures are described in Section 3, Goals and Objectives under H. Evaluation Plan and below under surveillance. Additional measures that will be examined for cost and feasibility include baseline and post-intervention surveys of licensed contractors and property management firms to determine their knowledge of laws regarding lead hazards and lead-safe work practices and related techniques.

How evaluation findings will be used to assess changes in public policy and measure the program's effectiveness of strategic partnering activities. Changes in public policy will be monitored at the legislative and administrative level. The Elimination Plan Implementation Committee will monitor the implementation of recommendations for new legislation, new regulations and new policies in state and local agencies such as the California Contractor's Board, the California Department of Health Services, and the 84 cities in Los Angeles County that contract for health services with the Los Angeles County Department of Health Services.

1. In Year One of the plan, process measures will evaluate the steps taken to create the Plan Committee and the Plan. (CDC Program Manager)
2. At the beginning of Year Two, the Plan Committee (or an evaluation subcommittee) will set implementation goals for Year Two and Year Three. The evaluation will measure the Committee's success in accomplishing those goals. (CDC Program Manager.

How the program will document progress in preventing childhood lead poisoning. Under the direction of the Epidemiologist, the program will use the surveillance system to document progress made in childhood lead poisoning prevention. As of January 1, 2003, California began requiring the reporting of data from all blood lead tests. This will provide the

information needed to determine both incidence and prevalence of childhood lead poisoning. Because the state will be receiving thousands of additional reports, it is expected that full implementation will require some time. The program will therefore establish a baseline in year one and measure the impact of interventions in years two and three. Surveillance will measure three kinds of outcomes:

1. **Increase in screening**: The program is designed to increase blood lead screening in the targeted high risk area. Until this year, data on total tests performed was not available so it was not possible to determine the level of screening. In the new grant period, it will be possible to determine a baseline then measure the impact of interventions to increase screening. The outreach programs to schools, WIC programs and at community health fairs, along with provider education through Grand Rounds are expected to increase screening by 10% over baseline each year. (Epidemiologist)
2. **Decrease in cases**: Until now, no incidence rate could be determined because there was no way to determine the total number of tests. Furthermore, since the required reporting level was 25 ug/dL or higher, it wasn't possible to determine whether all EBLs meeting case criteria were being reported. In the upcoming grant period it will be possible to determine a baseline and then measure whether cases are declining. In the first year we expect cases reported to increase, but in years two and three we expect a decrease in the number of cases reported of at least 10% per year. (Epidemiologist)
3. **Decrease in the average lead burden of EBL children**: Without all tests, it was not possible to determine an average blood lead level for all children tested. In the upcoming plan period a it will be possible to establish a baseline in year one and to predict decreases in the average blood lead level of 10% in year two and 10% in year three. (Epidemiologist)

6. PROJECT MANAGEMENT AND STAFFING

Los Angeles County CLPPP is operated by staff from two different parts of the Department of Health Services, Public Health Programs and Environmental Health. Program management is also dual, with Julia Richmond, Public Health Programs and Janet Comey, Environmental Health. serving as co-directors. The proposed staff to be funded by CDC includes an Environmental Health Specialist IV as Program Manager, three Environmental Health Specialist IIIs (EHS III), a Senior Health Educator, an Epidemiology Analyst and a Senior Typist Clerk.

Barbara Hairston, an Environmental Health Specialist IV serves as full time Program Manager for the CDC grant. Ms. Hairston, who has an M.S. in Community Health Education and is a Registered Environmental Health Specialist, has worked for Environmental Health for 25 years. Ms. Hairston headed the CDC-CLPPP grant program in its first five years and is returning after rotations through other environmental health divisions. Ms. Hairston reports directly to Janet Comey, Environmental Health Services Manager but the CLPP Program is considered a single program with a high level of cooperation and coordination among all staff.

In addition to the CDC-funded staff, Los Angeles County CLPPP has another 57 staff members working in eight staff units: Medical Care Management, Environmental Health Investigation, Health Education/Community Outreach, Medi-Cal Programs, Epidemiology and Surveillance, Nutrition, Public Health Administration and Environmental Health Administration. Appendix 6 provides an organization chart of the CLPPP and a list of the entire CLPPP staff by funding source and function.

Environmental Health Specialist III (3 positions at 100% time): Ken Habaradas, Environmental Health Specialist III (EHS III) has B.S. and M.S. degrees in Environmental and Occupational Health and is a registered environmental health specialist (REHS) and a certified inspector and risk assessor with six years of experience in the Department of Health Services. Ellaheh Abrishmi, B.S. Biology, is an EHS III with seven years of experience in childhood lead poisoning prevention. Ms. Abrishimi is an REHS with certifications as inspector/assessor,

supervisor, project monitor and project designer. The EHS III performs lead hazard investigations in response to complaints of lead hazards and/ or unsafe work practices and issues stop work orders, corrective actions and forensic reports as indicated. To qualify for the EHS III position, candidates must have a bachelor's degree in environmental health or a related field and be a registered environmental health specialist. Certification as a lead inspector and risk assessor are also required.

Epidemiology Analyst (1 position at 100% time): Diem Vu, who has B.A. in biology is the Epidemiology Analyst. He is responsible for maintaining the surveillance system database, for data analysis and for response to data requests. He also provides computer support to the CLPPP staff.

Senior Health Educator: The Senior Health Educator will have an M.P.H. or equivalent in health education and at least two years of experience. The Senior Health Educator will be responsible for outreach and training for the proposed pilot programs, ongoing programs and for helping to organize and staff the committee that will create the plan to eliminate childhood lead poisoning.

Senior Typist Clerk (1 position at 100% time): Senior Typist Clerk Monique Logan performs general office duties that include answering phones, filing, copying and word processing.

Plan Consultant: The plan consultant will be an individual or firm with experience in organizing and preparing strategic plans involving a large number of public and private stakeholders. The individual with overall responsibility for the plan will have an extensive knowledge of the issues involved in childhood lead poisoning prevention and have worked on similar plans.

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BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CDC Funding		$	$	$ 792,385.00	$	$ 792,385.00
2.						0.00
3.						0.00
4.						0.00
5. TOTALS		$ 0.00	$ 0.00	$ 792,385.00	$ 0.00	$ 792,385.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) CDC	(2) State CLPPP	(3)	(4)	
a. Personnel	$ 373,645.00	$ 2,648,633.00	$	$	$ 3,022,278.00
b. Fringe Benefits	121,005.00	749,862.00			870,867.00
c. Travel	13,000.00	16,000.00			29,000.00
d. Equipment	2,500.00	5,500.00			8,000.00
e. Supplies	2,500.00				2,500.00
f. Contractual	135,000.00				135,000.00
g. Construction					0.00
h. Other	72,700.00	414,607.00			487,307.00
i. Total Direct Charges *(sum of 6a - 6h)*	720,350.00	3,834,602.00	0.00	0.00	4,554,952.00
j. Indirect Charges	72,035.00				72,035.00
k. TOTALS *(sum of 6i and 6j)*	$ 792,385.00	$ 3,834,602.00	$ 0.00	$ 0.00	$ 4,626,987.00
7. Program Income	$	$	$	$	$ 0.00

Standard Form 424A (7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. State CLPPB Funding	$ 4,489,080.00	$	$	$ 4,489,080.00
9.				0.00
10.				0.00
11.				0.00
12. TOTALS *(sum of lines 8 and 11)*	$ 4,489,080.00	$ 0.00	$ 0.00	$ 4,489,080.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 792,385.00	$ 198,096.25	$ 198,096.25	$ 198,096.25	$ 198,096.25
14. Non-Federal	4,489,080.00	1,122,270.00	1,122,270.00	1,122,270.00	1,122,270.00
15. TOTAL *(sum of lines 13 and 14)*	$ 5,281,465.00	$ 1,320,366.25	$ 1,320,366.25	$ 1,320,366.25	$ 1,320,366.25

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. CDC Funding	$ 792,385.00	$ 792,385.00	$ 792,385.00	$
17.				
18.				
19.	$	$	$	$
20. TOTALS *(sum of lines 16 - 19)*	$792,385.00	$792,385.00	$792,385.00	$0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges: $72,035.00 (Fixed at 10%)
23. Remarks	

BUDGET JUSTIFICATION

The CDC Project is part of a group of dedicated staff, all housed in one site to facilitate coordination and continuity of services. The staff will be part of the county wide CLPP Program, which is funded by the State of California.

To provide the magnitude of services requested for FY 03-04 and to ensure that all activities are executed and delivered in a professional manner, the following staff and operating expense coverage is being requested:

Environmental Health Specialist IV (1 position, 100% funded)
Barbara Hairston is a Registered Environmental Health Specialist with a Master of Science in Community Health Education. She will administer all grant activities as the CDC Program Manager. She is responsible for the supervision and training requirements of all staff and the management of all program elements. Ms. Hairston administers, develops, and coordinates all activities associated with the investigations of the environmental health specialist staff and the outreach/education of the community-based organization (CBO). She will also monitor the work of the CBO. She will serve as the official liaison, to interface with Federal CDC representatives, California CLPP Branch, and other local agency representatives in the development and implementation of CDC Grant activities. In collaboration with the Epidemiology Analyst, Mrs. Hairston, will design the necessary databases to hold and manage program data, to enable production of program reports for management and the financial management staff. She will monitor the status of program goals to facilitate preparing reports as required for CDC. Also she will attend the annual CDC Grantee Conference and other related or mandated meetings as required by CDC.

Environmental Health Specialists (3 positions, 100% funded)
The Environmental Health Specialists (EHS III), Bessie Politis, Ray Honda, and Ellaheh Abrishami, perform specialized environmental health inspections and investigations to identify and abate lead hazards that may be a potential threat to young children, before a diagnosed lead poisoning. The EHS IIIs will also educate families about lead hazard control and poisoning prevention as needed. At the sites of investigation, an XRF will be utilized to determine the presence of lead. Also, soil, water, dust, and other items may be collected and submitted to a laboratory for analysis as warranted. They will enter laboratory results from samples and provide follow-up investigations as needed. The EHS IIIs will assure proper chain of custody in all matters and as they collaborate with Los Angeles City Housing Systematic Code Enforcement Program in a pilot project addressing homes with deteriorated paint and workers involved in unsafe work practices. They will serve as expert witnesses with the Code Enforcement Program, but in general, will follow due process involving any case of non- compliance with corrective orders.

Senior Health Educator (1 position, 100% funded)
The Senior Health Educator (SHE) will act as the liaison between CDC projects and the CLPPP health education program, to assure a more quality outreach/education program for the public. The SHE will also assist the Health Education Director with developing training modules,

educational sessions, surveys, new training tools, and work with the CBOs to determine appropriateness of literature designed to teach and alert the public of the dangers lead creates for our children. The SHE will also assist with the activities of a new pilot project between L.A. City Housing and Los Angeles County, designed to eliminate lead hazards in old peeling paint in homes and to stop unsafe work practices among workers, all in an effort to prevent contamination of the environment and lead hazard exposures to small children.

Epidemiology analyst (1 position, 100% funded)
The Epidemiology Analyst, Diem Vu, is responsible for general data management, data entry, cleaning data and data analysis. Mr. Vu generates quarterly data for CDC and performs analyses for the CLPPP using RASSCLE, Epi Info, Access, Paradox, and SAS as appropriate. Mr. Vu writes programs, creates and revises code books for the databases, develops procedures for routine tasks, and revises data collection instruments. As needed, Mr. Vu assists program staff in the design and execution of evaluation studies. On request, he analyzes CLPPP data and prepares charts, graphs, tables, and written reports.

Senior Typist Clerk (1 position, 100% funded)
The Senior Typist Clerk (STC), Monique Logan, works directly with the program manager. The STC performs general office duties that include word processing, answering phones, filing, and photocopying. The STC maintains records, assists in the preparation of reports, and enters and retrieves data from the data management system. The STC is responsible for ordering and maintaining office supplies, and receives and distributes mail. The STC prepares all the packets, flyers, incentives, and other items used during outreach activities and blood lead screening events. The STC manages all forms and ensures completeness of paperwork related to blood lead testing.

Salaries and Wages	**$364,504**
Fringe Benefits	**130,125**
Total Personnel Costs	**$494,629**

OPERATING EXPENSES

Travel	$ 11,833

In-State Travel (Mileage) $6,000
Local mileage cost will provide for reimbursement for mileage on personal vehicles to conduct grant activities for four Environmental Health Specialists, the Senior Health Educator, and the Epidemiology Analyst (limited mileage a necessity for attendance at meetings or to assist with data issues during special events). Mileage is reimbursed at $0.33 per mile.

Out-of-State Travel $5,833
The funding is required for such things as the mandatory CDC Program Partners meeting for two (2) people for 3 nights in Atlanta, Georgia. Also included is a trip to Atlanta, Georgia for one (1) person, for three nights, to attend the 6th National Environmental Health Conference,

December 3-5, 2003 and travel for two (2) at approximately $2333 to attend a 5 day, 4 night conference at the National Lead Training Resource Center in Louisville, Kentucky in October, 2003. The breakdown for the Kentucky trip is as follows:

Ray Honda & Bessie Politis	
Airline ticket @ $340 each	$680
Car rental	$0.00
Ground transportation (4 days) @ $30.00 each	$120.00
Registration	$0.00
Lodging(8 nights) @ $159.25/day for each	$1274.00
Meals (10 days) @ $52.75/day each	$422.00
Capital City Allowance	$0.00
Airport parking (5 days) @ $10.00/day each	$100.00
Porterage (2 days) @ $1.00/day each	$4.00
Other	$0.00
Total	**Estimated at Approx. $2333**

Equipment **$6,696**

This amount will provide computer software upgrades, one additional computer system for the Program Manager, Senior Health Educator and one of the new Environmental Health Specialists, Bessie Politis. It will also provide Internet and e-mail access for 7 staff members. Below is a list of each item to be purchased and its corresponding cost:

(3) Computers - DELL GX260 P4-2.4GHZ, XP, 256M RAM, CD-RW, 40GB, and - (3) Monitors- 17 IN DELL FLAT PANEL DISPLAY (18.:1)	$4,263.00
(1) HP Laserjet Printer	$650.00
(3) Privacy Computer Filters	$497.52
Software	$400.00
Internet Access	$493.00
Total	$6,303.52

Vendor: Impres Technology Solutions

Supplies **$2,500**

The office supplies indicated below will assist staff in conducting program activities and completing assignments while in the office:

Business Cards $25.00 ea. x 5 staff members= $125.00
Fax Color Toner $31.90 ea.
Fax Black Toner $24.24 ea.
Printer Toner Cartridges $114.00 ea.
Sleeve Protectors Avery 100 bx. $17.02 bx. x 2 = $34.04

Ring Binders:

½" 7.67 x 6 = $46.02

1" 7.67 x 6 = $46.02

1 ½" 9.86 x 6 = $59.16

Bic Liquid Paper 1.90 ea. x 12 = $22.80

Steno Pads 2.13 ea. x 5 = $10.65

Writing Tablets $26.40 dz.

Zip Diskette 250 MB 6/Pk $79.95 x 2 = $159.90

Imation Diskettes $6.56 bx (10 in box) x 2 = $13.12

Typewriter Ribbons $5.10 ea. x 2 = $10.20

Color Printer Toner:

Black $113.00

Cyan $164.00

Magenta $164.00

Yellow $164.00

Dividers

8-tab $18.39 x 2 = $36.78

10 tab $22.73 x 2 = $45.46

12 tab $24.99 x 2 = $49.98

15 tab $31.49 x 2 = $62.98

Portfile Large File Box Blk.$17.49

Large Dispenser Tape Scotch $6.27 roll x 3 = $18.81

Small Dispenser Tape Scotch $20.16 pk.

3M Transparency $28.49 bx.

Easel Stand $34.95

Easel Pad $38.05 x 2 = $76.10

Panel Clips 4 pk. $3.95 x 5 = $19.75

Panel Hooks $28.50 x 5 =$145.50

Fellowes Duster 2-pk $21.90 x 3 = $65.70

Plastic Tabs 2" Clear $3.95 x 2 = $7.90

Pens $1.50 ea. x 12 = $18.00

Sharpie 4 Color Marker Set $4.60

Hanging Folders $25.51 bx x 4 = $102.00

Desk Accessories

Desktop Hanging File Frames $16.38 x 5 = $81.90

Pencil Holder $5.65 x 3 =$16.95

3 Tier Desk shelves $23.62 x 3 = $70.86

Stapler $8.85

Tape Dispenser $5.35

Wrist Rest $21.59

Mouse Rest $12.95

Lead Dust Sampling Wipes $75.00

Lead Check Swabs $123.75

Total = 2500

Vendor: Boise Cascade

Contractual $90,000

Community-Based Organization $25,000

A community-based organization will be selected to assist with the pilot project between Los Angeles City Housing Department and Los Angeles County Environmental Health. This organization will be a collaborative of organizations, working together, depending on the location of multiple family dwellings in Los Angeles County, in an effort to educate families about the hazards of lead and to encourage parents to screen children where indicated. The community-based organization will also make referrals to Systematic Code Enforcement Program of Los Angeles City.

Name and Address of the Contractor:

The Healthy Homes Collaborative (HHC), a 19-member organization that addresses health problems caused by substandard housing conditions. HHC, through its member organization, Esperanza Community Housing Corporation, is the current recipient of a nationally recognized Healthy Homes Grant that is addressing health problems caused by lead-based paint, mold, pest infestations, and other substandard housing conditions through a program of community education and advocacy.

The fiscal agent will be Physicians for Social Responsibility
3250 Wilshire Boulevard, Suite 1400, Los Angeles, CA 90010-1604.
Phone: (213) 386 4901 Facsimile: (213) 386 4184

For more information contact Elena Popp, Esq. (Cell) 594-4955

Scope of Work:

Conduct outreach to educate residents in the target area of the pilot program and follow up with counseling to residents of buildings where owners have been cited for failing to use lead-safe work practices.

Method of Selection: Sole source

Justification: The 19 member Healthy Homes Collaborative is already doing outreach and lead poisoning prevention education according to a model developed by its nationally recognized HUD Healthy Homes grant program. Furthermore, this group is providing leadership in the development of both the community-based methodology, enforcement of the new State Law SB 460, and program development to protect residents from lead poisoning.

Method of Accountability:

Regular reporting of outreach contacts documented through a survey form and entered into a database. Program evaluation is conducted by means of an evaluation method developed by the Community Environmental Health Response Center (CHERC)

Budget:

$25,000 until additional funds can we reallocated at mid year

Justification for Costs:

These funds will pay the salary of Linda Kite, Project Coordinator of the Healthy Homes Collaborative. Ms. Kite will ensure that she or a health promoter working for the Healthy Homes Collaborative visits every family in multi-family units in the target area where environmental health inspections for lead in paint are positive. These visits are crucial to the success of the program because these inspections will take place in residential buildings whose owners have been cited for failure to comply with lead-safe work practice requirements. Without these home visits, parents of young children may not understand that their children should receive blood lead tests, may not know where to obtain the tests and may not understand simple measures they can take to protect their families.

Linda Kite, who will be the day-to-day coordinator of the Lead Outreach Grant, is the Coordinator of the Health Homes Collaborative. Ms. Kite, has been working in community-based outreach projects since 1998 and in lead poisoning prevention since 1988. She holds two Master's degrees: one in Business Administration/Marketing from California State University at Los Angeles one in International Relations /Peace Studies from the University of New Mexico. Ms. Kite's resume is provided in Appendix 1.

Ms. Kite has extensive experience in developing outreach programs and in training staff. Between 1998 and 2002 as the Job Development Coordinator for SAJE, Ms. Kite established a $2 million Healthy Homes Outreach Project in collaboration with Esperanza Community Housing Corporation and St. John's Well Child Center. She trained and certified more than 50 workers in lead and mold hazard abatement, integrated pest management and specialized cleaning techniques using triple cleaning before and after HEPA vacuuming. She also organized and helped co-found a domestic worker cooperative (Dynamic Workers, LLS).

Ms. Kite will be responsible for training the outreach workers and supervising the outreach program.

Pacific Toxicology **$15,000**

This allocation will fund the mobile laboratory to perform blood lead testing and analysis in high risk areas or other at-risk communities, as determined by the needs of the program. Pacific Toxicology will be reimbursed $26 per test.

Name and Address of Contractor:

Pacific Toxicology Laboratories
6160 Variel Avenue
Woodland Hills, CA 91367

Scope of Work:

Pacific Toxicology will administer and analyze Blood screening tests and report findings to the Los Angeles County Childhood Lead Poisoning Prevention Program.

Method of Payment:

Pacific Toxicology will be reimbursed $26 per test. Up to 600 children at high risk for lead poisoning may be screened between 7/01/03 and 6/30/04.

Selection of Contractor:

Several vendors have been researched by the Los Angeles County Department of Health Services Materials Management Unit. However, the Pacific Toxicology Laboratory was selected in the past and was the current provider being used by Los Angeles County CLPPP due to their vast experience working in the community and their reasonable cost. Pacific Toxicology is the only mobile laboratory in the Los Angeles area that provides on-site testing. The total allocation is $15,000.

Plan Consultant **$50,000**

A Plan Consultant is requested to meet the CDC requirement of convening a committee of public, private, and nonprofit agency representatives concerned with childhood lead poisoning prevention and creating a plan with recommendations and implementation measures to eliminate childhood lead poisoning in Los Angeles County. To write the plan, CLPPP will have to convene the committee, select chairs and subcommittee chairs, set up and staff subcommittee meetings, provide findings about current conditions, provide minutes, assist the subcommittees with draft recommendations and implementation measures, and write the final report with findings and recommendations. This will take place during the first year. In the second and third years, CLPPP will convene a committee of high profile stakeholders to begin implementing plan recommendations. Much of the work involves the implementation of SB460.

This work is extremely labor intensive. The activities are expected to consume a considerable amount of the CDC Program Manager's time, and the time of the Health Educator. It will require a considerable amount of the Plan Consultant's time as well. By hiring a consultant who has worked on similar projects, the design of the overall project and the final written plan will be professionally developed and accepted by the various levels of committee participants. Below is a breakdown of the proposed time and activities of the plan consultant:

Internal organizing for the plan and staff meetings - 20 hours
Sub-Committee meetings - 240 hours
Steering Committee - 12 hours
Full committee meetings - 18 hours
Drafting findings for each of four committees - 60 hours (there are 88 cities within Los Angeles County and we will need to address this issue jurisdiction-wide)
Drafting recommendations for each committee - 48 hours

Writing and revising the plan - 60 hours
Preparing for publication - 50 hours

Press Conference (working with LACDHS Press Office)- 40 hours

Estimation of Total Hours to Complete Job - 548 hours x $125/hour = $68,500

New Allocation -Total Hours - 400 hours x $125 = $50,000

Other **$46,200**

Bilingual Bonus **$1,200**

This bonus will pay for staff who translate during field investigations, telephone calls, office hearings, community meetings, and during outreach activities. They also provide translations for health education materials. Bessie Politis, Environmental Health Specialist III, is the CDC bilingual staff person.

Eligibility: 1) Fluency in both English and at least one foreign language; 2) knowledge of and sensitivity of the cultural needs of the foreign language clientele of the Program; 3) such assignment furthers the public service of the Program; 4) the assignment requires regular use of the foreign language (50% of the time); 5) the position is included in the Public Health Bilingual Pay Plan; and 6) a proficiency test is passed.

Only items with the item designations of A, B, C, F, N, and O may receive a bilingual bonus. The rate of compensation for a bilingual bonus is $100 per month for item designation A, B, N and O (see next section for rate of compensation for item designation C and F).

Incentives **$1,500**

Below are products purchased to give-away to families and children for participation in blood lead screening and other activities related to lead poisoning prevention:

Koozie Lunch Sack $2.79 ea. x 125 = $348.75
Lanyard Royal Blue Badge Holder $1.19 ea. x 100 = $119.00
Jump Ropes $9.95 dz. x 30 = $298.50
Glasses $14.95 dz. x 20 = $299.00
Vinyl Water Ball 14.95 dz. X 29 = $433.55
Total = $1,498.80
Vendors: Oriental Trading Company

Sample Analysis **$10,000**

This allocation pays for the analysis of environmental specimens, namely, paint chips, soil, dust wipes, and other samples taken during the environmental assessment.
Paint, dust, soil, and water samples are estimated @ $10/sample and miscellaneous at $14/sample. This accounts for approximately 900 -1,000 samples for analysis over the first year.

Media Campaign for Educational Outreach **$30,000**

This allocation will enable the program to go County-wide, advertising the messages relating to the prevention of childhood lead poisoning, where to call when work practices at a private home

or at a large remodel are not being performed safely, information about the complaint process, and how to take advantage of our educational services all aimed at eliminating childhood lead poisoning by 2010.

This category includes advertising costs and public service announcements. Public service announcements (10 to 30 seconds, 30 seconds to 60 seconds) are provided at no cost to the department.

"Tail Gate" bus advertisements prices vary in price. The average cost is $250/tail gate, which runs for 4 weeks. With $30,000, the program will be able to run 120 "Tail Gates" for 4 weeks or 60 "Tail Gates" for 8 weeks. Costs differ in various locations in the County.

Training **$3,500**

This item of funding is required for specialized staff training and includes the following for each Environmental Health Specialist staff member:

Ellaheh Abrishami

Annual certification(4)	$300.00
Biennial training	$125.00 (approx.)
Subtotal.....	$425.00

Barbara Hairston

Training	$675.00
Certification exam	$150.00
Annual certification	$ 75.00
Biennial training	$125.00 (approx.)
Subtotal.....	$1025.00

Ray Honda

Lead training class	$675.00
Certification exam	$150.00
Annual certification	$ 75.00
Biennial training	$125.00 (approx.)
Subtotal.....	$1025.00

Bessie Politis

Certification exam	$150.00
Annual certification	$ 75.00
Biennial training	$125.00 (approx.)
Subtotal.....	$350.00

Program total..... $2825.00

Total Direct Costs	$651,183
Indirect Cost (10% of total grant request)	65,118
Total Budget Request	$716,301

REFERENCE TO HUMAN SUBJECTS

This is to clarify that the pre and post testing involving pregnant women or mothers of child bearing age, will not involve the disclosure of private information related to any of these women. Furthermore, no identifier information will be used in the analysis of any data.

The instrument being utilized is a standardized, no clinical type questionnaire of five questions, designed to determine the level of knowledge regarding the hazards of lead exposure and childhood lead poisoning prevention in general.